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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

January 3, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 3:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. CALL TO ORDER

2. APPROVAL OF MINUTES OF THE SPECIAL MEETING OF DECEMBER 13, 1994 AND THE REGULAR MEETING OF DECEMBER 20, 1994

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Reconsideration of a $40,000 supplemental appropriation (part of a total $125,000 supplemental) for recruitment of a CEO of the San Francisco Health Authority.

(3.2) C. O. - AB 75 - Renewal contract with Medicus Systems Corporation, in the amount of $190,000, to Provide Fiscal Intermediary Services for the FY 94-95 CHIP Program, for the period of December 1, 1994 through March 31, 1996. (DPH contracted with Medicus Systems Corp. for services totaling $499,000 in FY 1993-94).

(3.3) DMS - CSAS - Renewal contract with Corrections Diagnostic Services in the amount of $189,648 to provide X-ray services for the period of July 1, 1994 through June 30, 1995.

(3.4) **SFGH - Department of Psychiatry** - Sole Source request, contract renewal approval and companion Resolution with Richmond Area Multi-Services, Inc., in the amount of $1,182,480 to provide San Francisco General Hospital with a Partial Hospitalization program serving primarily Asian patients in San Francisco, for the period of February 1, 1995 through January 31, 1996. (DPH contracted with Richmond Area Multi-Services, Inc. for services totaling $1,875,434 in FY 1993-94).

(3.5) Consideration of a supplemental appropriation of up to $400,000 for the Center for Special Problems.

4. **OTHER BUSINESS/PUBLIC COMMENTS***

5. **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT TO REIMBURSE THE DEPARTMENT OF PUBLIC HEALTH FOR MEDI-CAL CLAIMS, 1990-93, INITIALLY DENIED BY THE STATE DEPARTMENT OF HEALTH SERVICES.**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

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For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 3, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Arthur M. Jackson Commissioner Margel F. Kaufman Commissioner Michael D. Shriver
Absent:	Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Helen B. Ripple, R.N., M.S.N.

2. APPROVAL OF MINUTES OF THE SPECIAL MEETING OF DECEMBER 13, 1994, AND REGULAR MEETING OF DECEMBER 20, 1994

Action Taken: The Commission (Jackson, Kaufman, Chow and Shriver) adopted the minutes of December 13, 1994.

The Commission (Jackson, Kaufman, Chow and Shriver) adopted the minutes of December 20, 1994, with Commissioner Chow making the following corrections:

- Item #3.9 was approved for only a one-year renewal.
- In the Commissioners' packets, Attachment B should have been Resolution #53-94, "Supporting the San Francisco Healthy Cities: Mission Immunization Project."

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3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Reconsideration of a $40,000 supplemental appropriation (part of a total $125,000 supplemental) for recruitment of a CEO of the San Francisco Health Authority.

This item was continued to the next Budget Committee of the Commission.

(3.2) C. O. - AB 75 - Renewal contract with Medicus Systems Corporation, in the amount of $190,000, to Provide Fiscal Intermediary Services for the FY 94-95 CHIP Program, for the period of December 1, 1994 through March 31, 1996. (DPH contracted with Medicus Systems Corp. for services totaling $249,000 in FY 1993-94).

(3.3) DMS - CSAS - Renewal contract with Corrections Diagnostic Services in the amount of $189,648 to provide X-ray services for the period of July 1, 1994 through June 30, 1995.

(3.4) SFGH - Department of Psychiatry - Sole Source request, contract renewal approval and companion Resolution with Richmond Area Multi-Services, Inc., in the amount of $1,182,480 to provide San Francisco General Hospital with a Partial Hospitalization program serving primarily Asian patients in San Francisco, for the period of February 1, 1995 through January 31, 1996. (DPH contracted with Richmond Area Multi-Services, Inc. for services totaling $1,875,434 in FY 1993-94).

(3.5) Consideration of a supplemental appropriation of up to $400,000 for the Center for Special Problems.

Commissioner Kaufman expressed concern that the most recent program evaluation of this program was not positive and that the Commission supports equal evaluation standards for both community-based contractors and Civil Service programs.

Commissioner Shriver emphasized that with the loss of asset seizure funds for the continuation of drug programs, which have positive program evaluations, he is uncomfortable with the continued funding of a program with a negative program evaluation.

Jeff Jue, Deputy Director for Mental Health, commented that the Department is recommending approval of this supplemental, shares similar concerns about the program evaluation, and is awaiting a response to the evaluation from the program's administration, which does not agree with the evaluation.

The Commission approved the supplemental with the following requests:

a) an update on the Center for Special Problems' evaluation be calendared for the January 24, 1995 Budget Committee of the Commission.

b) a detailed action plan and timeline responding to the evaluation be developed.

c) the Mayor's Office and the Board of Supervisors be apprised of the most recent program evaluation for the Center for Special Problems.

d) an update on the Center for Special Problems be brought to the Joint Conference Committee for Mental Health every month until the end of FY 1994-95.

Action Taken: The Commission (Jackson, Kaufman, Chow, Shriver) approved the Consent Calendar of the Budget Committee, except for #3.1, which was continued to the next meeting.

4. OTHER BUSINESS/PUBLIC COMMENTS

5. EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT TO REIMBURSE THE DEPARTMENT OF PUBLIC HEALTH FOR MEDI-CAL CLAIMS, 1990-93, INITIALLY DENIED BY THE STATE DEPARTMENT OF HEALTH SERVICES.

Action Taken: The Commission approved the proposed settlement for Medi-Cal Claim for 1990-93.

The meeting was adjourned at 4:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

January 24, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. CALL TO ORDER

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 3, 1995

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Arthur M. Jackson)

(3.1) Reconsideration of a $40,000 supplemental appropriation (part of a total $125,000 supplemental) for development of provider delivery system for the San Francisco Health Authority.

(3.2) Consideration of a supplemental appropriation request for a net increase of $12,282,331 in disproportionate share revenues received in advance for fiscal year 1995-96 due to AB 1040

(3. 3) Consideration of a supplemental appropriation request to increase disproportionate share transfer payment by $5,715,455 for fiscal year 1994-95.

(3. 4) CPHS - Epidemiology - First modification to the contract with UCSF in the amount of $39,000 to provide for a variety of evaluation activities for the purpose of planning appropriate STD training for CBO's and health providers in Region IX, for the period of April 1, 1994 through June 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement) .

(3.5) CPHS- Maternal and Child Health - First modification to the contract with C.A.H.E.E.D, in the amount of $19,500 to provide for liaison and coordination services for the Black Infant Health Project for the period of October 1, 1994 through June 30, 1995. (DPH contracted with ACHED Daycare Center for services totaling $121,132 in FY 1993-94).

(3.6) CPHS - Health Centers - First modification to the contract with International Institute, in the amount of $75,593, to provide for additional preventive health services for newly arrived refugees, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with International Institute of San Francisco for services totaling $413,995 in FY 1993-94).

(3.7) CPHS - Support Services - Multiyear renewal contract with Haight Ashbury Clinics, Inc., in the amount of $117,062 per year to provide primary medical care and HIV testing and counseling services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Haight Ashbury Clinics for services totaling $5,881,753 in FY 1993-94).

(3.8) CPHS - AIDS - New contract with GAPA Community HIV Project, in the amount of $378,625 for the provision of HIV/AIDS Prevention Education Services for the period of February 1, 1995 through June 30, 1996. (DPH contracted with GAPA Community HIV Project, Inc. for services totaling $302,850 in FY 1993-94).

(3.9) DMS - CMHS - FY 1993-94 Monitoring Reports for CMHS City-Operated Programs for information and review.

(3.10) DMS - CSAS - Sole Source request and modification to the agreement with Chemical Awareness and Treatment Services in the amount of $132,442 in client revenues per year to provide 30 month multiple offense Driving under the influence, chemical dependency and poly-drug abuse treatment services for the period of March 1, 1995 through August 31, 1997. (DPH contracted with Chemical Awareness & Treatment Services, Inc. for services totaling $1,761,176 in FY 1993-94)

(3.11) DMS - CSAS - Multiyear contract renewal with St. Vincent De Paul Society of San Francisco in the amount of $801,046/second year to provide substance abuse reception center, detoxification, and multiservice/Homeless Services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Vincent De Paul Society of San Francisco for services totaling $800,833 in FY 1993-94).

(3.12) Update on Center for Special Problems' program evaluation.

4. DIRECTOR'S REPORT

(Sandra R. Hernández, M.D.)

5. **1995 ELECTION OF COMMISSION PRESIDENT AND VICE PRESIDENT**

6. **PRESENTATION OF THE TENDERLOIN IMMUNIZATION PROJECT AS PART OF THE CALIFORNIA HEALTHY CITIES PROGRAM**

7. **PUBLIC HEARING ON THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96**

   ANY PROPOSED RESOLUTIONS ON POLICY ISSUES WILL BE PRESENTED AT THE JANUARY 31, 1995 SPECIAL HEALTH COMMISSION MEETING

8. **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

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Vice President

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Commissioner

Sharon Gadberry, PhD.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 24, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.

Absent: Commissioner Michael D Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 3, 1995

Action Taken: The Commission unanimously adopted the minutes of January 3, 1995.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Reconsideration of a $40,000 supplemental appropriation (part of a total $125,000 supplemental) for development of provider delivery system for the San Francisco Health Authority.

(3.2) Consideration of a supplemental appropriation request for a net increase of $12,282,331 in disproportionate share revenues received in advance for fiscal year 1995-96 due to AB 1040.

(3. 3) Consideration of a supplemental appropriation request to increase disproportionate share transfer payment by $5,715,455 for fiscal year 1994-95.
(3. 4) CPHS - Epidemiology - First modification to the contract with UCSF in the amount of $39,000 to provide for a variety of evaluation activities for the purpose of planning appropriate STD training for CBO's and health providers in Region IX, for the period of April 1, 1994 through June 30, 1995. **(**DPH contracted with Regents of the University of California for services totaling $8,269,610 in fiscal year 1993-94 exclusive of the Affiliation Agreement) .

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(3.9) DMS - CMHS fiscal year 1993-94 Monitoring Reports for CMHS City-Operated Programs for information and review.

> Commissioner Kaufman commended the Department on this evaluation process for Civil Service Programs and encouraged the Department to promote each program having accountability for their budget and program objectives.
>
> Commissioner Castaneda requested follow-up information to the consumer comments on PES (Psychiatric Emergency Services).
>
> Commissioner Castaneda raised the issue of the Mission Day Treatment Program's realistic level of productivity. The Department will look at productivity and expectation of caseloads.

(3.10) DMS - CSAS - Sole Source request and modification to the agreement with Chemical Awareness and Treatment Services in the amount of $132,442 in client revenues per year to provide 30 month multiple offense Driving under the influence, chemical dependency and poly-drug abuse treatment services for the period of March 1, 1995 through August 31, 1997. (DPH contracted with Chemical Awareness & Treatment Services, Inc. for services totaling $1,761,176 in fiscal year 1993-94)

(3.11) DMS - CSAS - One-year contract renewal with St. Vincent De Paul Society of San Francisco in the amount of $801,046/second year to provide substance abuse reception center, detoxification, and multiservice/Homeless Services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Vincent De Paul Society of San Francisco for services totaling $800,833 in fiscal year 1993-94)

Commissioner Castaneda requested that a 3-month progress report be brought back to the Budget Committee for review.

Commissioner Ripple inquired as to why there are two Advisory Boards

Note: Present efforts are underway to merge the two Advisory Boards into a single Substance Abuse Advisory Board.

(3.12) Update on Center for Special Problems' program evaluation.

Commissioner Kaufman encouraged the Department to integrate Civil Service program budgets into the overall Department budget. She also requested a City Attorney opinion on the appropriateness of a Department employee lobbying at the Board of Supervisors.

Public Speaker: Kinike Walker, Consumer Specialist at Center for Special Problems, stated a rebuttal to the Department evaluation was submitted by the Center for Special Problems.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) approved #.31, 3.2, 3.3, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11 and 3.12.

The Commission (Jackson, Kaufman, Castaneda, Chow) approved #3.4. Commissioner Ripple abstained due to her employment at UCSF).

4. DIRECTOR'S REPORT

(Sandra R. Hernández, M.D.)

APPOINTMENTS

New Health Commissioner

We all extend a warm welcome to the newest member of the Health Commission, Dr. Sharon Gadberry Dr. Gadberry is a licensed clinical psychologist and business consultant. She is President of the Transitions Management Group in San Francisco and is active in civic and professional organizations Commissioner Gadberry holds degrees from Syracuse University, the University of California at Los Angeles and Stanford University.

Mayor's Budget Analyst

Julie Murray, who served as the Mayor's DPH budget analyst for the past 2 years, began a new job this month with the Department of Social Services. We wish her well in her new position. We are pleased to welcome Sarah Ecker as the Mayor's new health budget analyst. Our technical staff have already met with Sarah and have briefed her on current year budget issues. We are very pleased to have an analyst in place as the FY 1995-96 budget process begins. We look forward to working with Ms. Ecker and welcome her to the City.

STATE AND FEDERAL UPDATES

Governor's Proposed 1995-96 Budget

On January 10, 1995, the Governor released his proposed 1995-96 State budget. The Governor's budget contains three recurring themes: cost containment; personal responsibility; and greater program flexibility and responsibility for localities. The Governor is proposing a $41.7 billion general fund budget for 1995-96 (equal to the 1994-95 budget).

The Governor is proposing net general fund savings of $1.1 billion in Health and Welfare. Again this year, a portion of the savings is based on the Governor's assumption that the State will receive $476.8 million in Federal funds for the following: health care services to undocumented residents ($310.4 million); health and welfare services to refugees ($102.6 million); and a five-year prohibition on a sponsored alien's eligibility for health coverage ($63.8 million).

Last year, the Governor's budget assumed receipt of $3 billion from the Federal government to cover the costs of providing various services to undocumented residents. The State did not receive all of these funds. However, with the change in Federal Congressional leadership, the Governor will again submit a request to have these costs covered by the Federal government.

As in previous years, the Governor is proposing significant reductions in health programs. For the most part, the service reductions being proposed in 1995-96 were the same as those proposed in 1994-95. Service reductions to health total $67.8 million statewide and are in the following areas:

- Elimination of nine optional Medi-Cal benefits: acupuncture, adult dental, chiropractic, independent rehabilitation, medical supplies, non-emergency medical transportation, podiatry, psychology, and speech and audiology. Projected $20.1 million statewide;

- Elimination of prenatal care to undocumented women (moneys would be transferred to the AIM program) the Governor's budget does not provide a savings figure;

- Limiting the CMAC rate increase to $22M in State general fund; and

- Reduction in distinct part nursing facility rates to $25.7 million statewide.

The Governor is proposing to augment some existing programs and to create two new public health programs. Service expansions total $102.4 million and are in the following areas: 1) increase funding for the Access to Infants and Mothers program (AIM), 2) create a new children's health care program (California REACH) to promote universal access to primary care for young, low-income children (birth to five years of age), 3) increase funding for teen pregnancy prevention and 4) implement a free vaccine distribution system to promote immunizations to low-income children.

In the area of welfare, the Governor is proposing a net General Fund reduction of $668.9 million. As with the health services reductions, the welfare reductions have been proposed in previous years and the Governor would have to seek Federal waivers to implement some of the proposals. The program changes include: 1) reductions in AFDC grant, 2) a two-tier AFDC grant structure (transitional grant for a maximum of 6 months), 3) a 24-month limit for AFDC if there is an able-bodied adult in the home, 4) limit eligibility for Homeless Assistance to once in a lifetime with certain exceptions and 5) elimination of drug addiction and/or alcoholism as a criteria for SSI/SSP eligibility. Reductions in income maintenance benefits will undoubtedly impact the health care status of DSS recipients. To enhance employment and training services for AFDC recipients, the Governor is proposing to expand the Greater Avenues for Independence (GAIN) program by $41 million in General Fund.

As part of the Governor's plan to form a new partnership with local governments, the State is proposing to "realign" two welfare programs: Family and Children's Services and Aid to Families with Dependent Children. Under the proposal, counties would be required to pay for the non-federal portion. The State would transfer a portion of existing State sales tax revenues and other revenues to the counties to pay for the added costs. As with previous realignment proposals, the State's goal is to improve program flexibility and assist counties in designing programs which meet individual county and client needs. In addition, the Governor will seek legislation to give county Boards of Supervisors broad authority to determine the level of financial support under General Assistance programs as a means to control costs . General Assistance is an unfunded State mandate. Options which may be pursued by localities include: time limits on duration of aid, ability to include medical care as part of a General Assistance benefits package and more flexibility to use alternatives to cash payments.

Federal Crime Bill

I have provided you with updates periodically of the status of the Federal Crime Bill. The Crime Bill provides funding through a number of avenues: the vast majority of funding will come from Federal agencies through an RFP process; a portion of the funds will be allocated directly to the States for disbursement. The Mayor asked Katherine Feinstein, Director of the Mayor's Criminal Justice Council to coordinate Crime Bill efforts City-wide.

Margaret Kisliuk and Katherine went to Sacramento last week and met with California Department of Corrections (CDC) Director, Jim Gomez, to discuss the portions of the Crime Bill that will go through block grants directly to the State. These include; the Violence Against Women Initiative, Substance Abuse Treatment for the Incarcerated, and Prison Construction funding. The news he offered was bleak. The State has decided to use the majority of block grant funding to build new prisons. Current correctional facilities are running 140% of capacity and the State estimates it will have to build two new prisons a year to keep up with the inmate population.

It appears that the Office of Criminal Justice Planning will administer the Violence Against Women funding. These distribution formulas are yet to be determined. Initially we hoped that the money allocated to substance abuse treatment would be significant. It now looks like this pot of money will be small and will be used to fund alternative community treatment facilities with a narrow focus. It is thought the focus will be incarcerated women with children who have no history of violent offenses

In terms of Federal implementation, we have been given no signals or direction from Washington. The Crime Bill was identified as one of the priorities for the first 100 days of the new Congress. To date the only information we have secured is that Police Funding will likely increase as well as funds for new Prison Construction.

Proposition 187 Update

Numerous judicial, legislative and administrative actions have occurred subsequent to the passage of Proposition 187 on November 8, 1994. Several lawsuits have been filed to challenge Proposition 187 by requesting Temporary Restraining Orders (TROs) based on the risk of immediate harm, specifically as it relates to children and the public health of the populace.

On December 14, 1994, in Los Angeles Federal District Court, Judge Mariana Pfaelzer, issued a Preliminary Injunction covering most sections of Proposition 187. This action extends the Restraining Order previously granted. None of the provisions of the initiative which affect health care are in effect.

The only provisions of Proposition 187 which are not covered by Preliminary Injunction relate to sections that apply:

- To manufacturing, selling or using false citizenship documents, and
- To attendance by undocumented residents at public colleges and universities

On January 19, 1995 Judge Pfaelzer released her written order. This order states that "on or before February 13, 1995 notice of the terms of the order be provided to recipients of health care services, public social services, and educational services by making available and posting informational bulletins at all publicly-funded health care, social service and educational facilities covered by Proposition 187 informing applicants and recipients that Sections 5, 6, and 7 of the Proposition have been enjoined and are not being enforced pending further court order and that applicants and recipients will not be reported to the Immigration and Naturalization Service pursuant to Proposition 187 pending further court order."

The Department has engaged in outreach activities to keep our patients, employees and the residents of San Francisco informed regarding the implications of Proposition 187. We will continue this effort in compliance with the Federal Court Order.

MANAGED CARE

The Health Care Financing Agency (HCFA) is becoming more active in monitoring the development and implementation of the State's Two-Plan Model for Medi-Cal managed care. It is our understanding that HCFA is particularly interested in ensuring a smooth transition from fee-for-service to capitation in light of implementation problems with Geographic Managed Care in Sacramento.

The State has indicated that for the "first couple of years" under managed care, Local Initiatives and commercial plans would not be at risk for Federally Qualified Health Centers (FQHC) cost-based reimbursement. The State is having ongoing discussions with HCFA on FQHC reimbursement and required beneficiary access. The Department has been concerned that the State would attempt to shift the risk for cost-based reimbursement to Local Initiatives and commercial plans because the State had not developed a formal policy on FQHCs. The State has also suggested that it may move toward full-risk capitation for FQHCs after the health centers have gained experience under rampaged care. It is the State's intention to issue formal written policy on FQHC reimbursement by the middle of February 1995.

On January 6, 1995, the State released its criteria for evaluating HMOs applying for the single commercial plan. The criteria were not developed with input from counties. This is of particular concern given that counties want to ensure that commercial plans include traditional and safety net providers in their provider networks. The weighting system developed by the State does award additional (albeit nominal) bonus points to commercial plans in the areas of quality assurance, provider network/geographic access and cultural/linguistic requirements.

Door-to-Door Marketing

Today, the Health, Public Safety and Environment Committee held a public hearing on door-to-door marketing practices. Representatives from State Department of Health Services were present at the hearing. The State has begun its investigation of the door-to-door marketing complaints. The Department will remain in constant communication with the State as it conducts its formal investigation. The State also met with a group of beneficiaries who had lodged complaints about door-to-door marketing with the San Francisco Legal Assistance Foundation.

SAN FRANCISCO GENERAL HOSPITAL

Diversion Statistics

Critical Care Diversion for the month of December 1994 was 162.4 hours/21.8%. The average Critical Care census at time of diversion was 22.8. The Total Emergency Department diversion was 0.

Medical Surgical census peaked from December 15 through the 30th. We were utilizing all beds available (vs. budgeted beds) and used many supplemental staff (P103, R29, Registry) to respond to the high census.

Paramedic Division

The Paramedic Division has continued to successfully implement its Response Time Improvement Plan. The latest data, which include response times through January 16th, show that the Division now meets or exceeds EMSA response time standards in all categories of calls. The Response Time Improvement Plan called for achieving these goals by the end of January. The Division and EMSA will continue to carefully monitor response times to insure that these performance gains are sustained

Paramedic Division Centennial Event

The Paramedic Division will celebrate its 100 years of public service with a centennial gala on March 25th at the Fairmont Hotel. The centennial coincides with a national Emergency Medicine Conference being co-sponsored by UCSF Department of Medicine and the Paramedic Division. Proceeds will benefit the Divisions Community Education Fund and the Hospital's Pediatric Art and Play Therapy program

Parking Garage Update

The groundbreaking/demolition ceremony for the SFGH Garage Project will be held at the future garage site at 11:00 a.m. January 31st. The ceremony is being sponsored by the San Francisco Parking Authority and the Department of Public Health. Mayor Jordan will cut the ribbon to begin the demolition.

LAGUNA HONDA HOSPITAL

San Francisco Food Bank Canned Food Drive

Laguna Honda Hospital collected nearly 2,600 pounds of food for the Food Bank. Departments competed for top honors. The winners were Utilization Management and Nursing Unit D-5.

Tin and Cardboard Recycling Program

The Nutrition Services Department began a tin and cardboard recycling program last year. Through their efforts the Nutrition Services Department has avoided replacing the existing garbage compactor even with the added bed capacity since October 1. Over 2,000 pounds of tin per month have been salvaged, resulting in savings of $1,000 per month.

Thanksgiving and Christmas Guest Meals

Over 250 guests dined with residents during Thanksgiving and Christmas Day meals offered by the Nutrition Services Department. Last year was the 13th year such a service was offered to friends and relatives of residents.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Community Substance Abuse Funding

While the overall funding forecasts for substance abuse services remain uncertain, a number of actions and funding opportunities could bring needed capacity to the treatment system. Following a meeting with providers formerly funded through the waiting list allocation, the Mayor agreed to an additional 30 days funding to permit the orderly phase out of treatment services. The expiration of the "Asset Seizure" allocation will ultimately reduce by approximately 400 slots the treatment capacity for men and women substance abusers who are not Medi-Cal eligible.

In addition, the Mayor also agreed to 30 days funding support for perinatal programs funded by direct federal grants that were scheduled to terminate January 31. It is anticipated that some programs may take advantage of this assistance while more durable funding streams are pursued. However, a number of programs, recognizing that the terms of their 5-year demonstration grant were ending, have already begun the close-out procedures and begun transferring clients to other ongoing services.

Recently, a new round of perinatal Requests for Proposals were issued by the federal government (SAMSHA) and the San Francisco providers should have very competitive applications. CSAS is working with the private providers to insure that proposals fully reflect the compelling need for treatment that exists in the City. Further, CSAS is providing technical assistance to providers so that they can become Medi-Cal certified and continue providing these critical services to pregnant and post-partum women with small children. A substantial percentage of the women needing these perinatal services are on AFDC and so receive Medi-Cal benefits.

Implementation of the state Drug/Medi-Cal lawsuit is proceeding as outlined in earlier reports. Estimated actual forecasts of usage and funding requirements are on target for 1994-95, indicating that treatment to Drug/Medi-Cal (D/MC) recipients will increase by approximately $2.4 million. The use of unallocated funds, as proposed, allows CSAS to provide the State General Fund (SGF) match to the federal funds without dismantling existing discretionary services to non-D/MC eligible men and women.

Most recently the Mayor's Office of Housing, the San Francisco Redevelopment Agency, the Mayor's Homeless Coordinator, and the San Francisco Department of Public Health have announced the availability of funds, contingent upon federal funding, for the construction or acquisition and rehabilitation of Clean and Sober Rental Housing projects, and/or for the construction or acquisition and rehabilitation of Residential Treatment Facilities. These funds are intended to benefit homeless persons with a history of substance abuse. In addition to the $4 million available for capital construction, Section 8 rental subsidies may be available from the Housing Authority.

CSAS' Target Cities Project

Community Substance Abuse Services' Target Cities Project, in collaboration with the San Francisco Sheriff's Department, has developed a comprehensive service approach that targets pre-release inmates. Treatment services include: acupuncture treatment; individual and group counseling geared toward preparing inmates for a successful reentry to the community through the enhancement or development of life skills - including conflict resolution and violence prevention skills; and training workshops for in-custody providers. All services have been selected through an RFP process. Funding is provided through the Target Cities grant; an evaluation component is included to determine the success of these innovative and collaborative services. Services are being offered to pre-release inmates at San Francisco Jail No. 7 in Dorm E.

TRAINING GRANT APPLICATION

The Department is entering into a unique relationship with SEIU and San Francisco State University to apply for a federal grant to provide job training opportunities to our health care workers who may be affected by health care restructuring. The application is due by February 21, 1995. I will keep you informed of our progress.

COMMUNITY HEALTH SERVICES

I am pleased to announce that Dr. David Ofman has agreed to accept the position of Medical Director for the Community Oriented Primary Care network. In that capacity, Dr. Ofman will also serve as Chief of the new Community Primary Care Service of the medical staff of San Francisco General Hospital and will represent the Health centers on the executive committee of the Clinical Practice Group. Dr. Ofman will play a central role in preparing the health centers for managed care, while at the same time maintaining a strong commitment to community-oriented primary care.

Dr. Ofman received his medical degree from Harvard University and received his postgraduate medical training at the University of Washington, Seattle, where he served as chief resident. Dr. Ofman was also a Robert Wood Johnson Clinical Scholar. For the past eleven years, Dr. Ofman has served as Medical Director of North of Market Senior Services, where he has developed a reputation as an excellent clinician and articulate spokesperson for community medicine. He is an excellent choice, and I welcome him to this new role.

EMERGENCY MEDICAL SERVICES

Injury Prevention Program

The Emergency Medical Services Agency, in collaboration with the Bureau of Health Promotion and Education initiated the 3-year Traffic Safety City Grant Project funded by the Office of Traffic Safety (OTS) in Sacramento. In August, Elizabeth LaScala, Ph.D., was hired as the health educator to coordinate this project. Since her hiring, she established an independent traffic safety coalition composed of a number of City agencies, departments, community organizations and groups interested in traffic injury prevention activities. The coalition is mapping its participant injury prevention activities and how these relate to project goals and objectives.

A comprehensive review of local traffic injury data is in process, which will help to develop a profile of San Francisco's traffic injury problems. The data review and program assessment components will be examined by the coalition membership and integrated into the development of an action plan to be submitted to OTS by June. The project is committed to securing additional funding to implement specific countermeasures for identified traffic safety problems. OTS has indicated that funding chances are increased when departments and organizations show a willingness and ability to work together.

MICROBIOLOGY/LABORATORY

It is with pleasure that I announce the addition of Sally Liska, Dr. P.H, as Director of the Public Health Laboratory. Dr. Liska began her work with the Department on January 3, 1995. She comes to us from Santa Clara County.

I wish to express much appreciation to Betty Gee who has acted as Interim Director of the lab in the sixteen months since the untimely death of Dr. Arthur Back. Betty has worked hard to perform the duties of the Director as well as her own and we are grateful for her dedication

DECEMBER STATISTICS

AIDS Statistics (from 7/1/81 to 12/31/94)

Total San Francisco cases:	20,646
Total San Francisco deaths	13,644
Total S.F. cases for December	138
Total S.F. deaths for December	155

San Francisco General Hospital

Inpatient	
Average Daily Census (except newborns):	273.2
Newborn Nursery:	18.4
Actual Patient Days (except newborns)	8,197
Newborn Nursery:	551
Admissions (except newborns):	1,343
Newborn Nursery:	153
Average Length of Stay (except newborns):	5.8
Newborn Nursery:	2.9
Discharge Patient Days (except newborns):	7,565
Newborn Nursery:	413
Discharges (except newborns):	1,310
Newborn Nursery:	141
Outpatient Visits	
Primary Health	9,459
Family Health:	2,697
General Medicine:	1,859
Pediatric:	3,015
OB/GYN:	1,888
Specialty Clinics:	9,052
Emergency Activities	
Emergency Room Visits:	4,535
ED Admisssions:	864
Psychiatric Emergency Services:	317
Psychiatric Emergency Admissions:	129

Laguna Honda Hospital

All Beds	1141
Acute Services	9
SNF Services	1108
AIDS/Hospice SNF	24

Mental Health

Number of Patients at SFGH:	78.4 (5 weeks)
Number of Medically Complex	11.1(5 weeks)
Number Total Care	3.3(5 weeks)
Number HIV	2.0(5 weeks)
Number AIDS	1.0(5 Weeks)
Number Community Beds	1.0(5 weeks)

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,022
Maxine Hall Health Center:	339
Health Center #3:	616
Health Center #4:	1,006
Health Center #5:	679
Tom Waddell Clinic:	2,675
Potrero Hill Health Center:	405
Southeast Health Center:	504
Special Programs for Youth:	2,073
TOTAL VISITS:	9,323

Disease Control

TB Clinic:	1,549
City Clinic:	1,639

SSI Clinic FYTD Summary 7/1/94 to 12/31/94

Referrals to Triage	9,726
No Shows	621
Seen by Triage	9,105
Homeless	2,284
Significant Findings of Unemployables:	
Medical Problems	2,581
Psychological Problems	4,145
Med & Psych Problems	243
Employability Ratings	
Employable: Workfare/ Job Search	1,765
Indeterminate: Pt. Referral	1,046
Temp Unemployable: ReEval Triage	5,610
Perm Unemployable: Advocacy Unit	679
Advocacy Unit	
Total Caseload	1,095
Active Cases	677
Inactive	418
Referrals into Intake	
No Shows	925
Seen by Intake	814
Advocacy Activity	
Initial SSI/SSA Applications Completed	187
Pending SSI/SSA Application Case Managed	555
Recouped GA Expenditures for November 1994	$186,107

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 12/31/94			*Year-to-Date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	115	214	124	1866	4806	2188
Campylobacteriosis	46	39	52	695	625	614
Giardiasis	12	19	21	256	347	407
Hepatitis A	36	28	19	379	220	293
Hepatitis B	5	7	5	75	75	71
Salmonella	18	11	29	213	200	199
Shigella	14	16	9	328	245	238
TB	30	24	21	355	356	280
Gonorrhea	265	195	137	2814	2206	2031
Syphilis	11	10	10	329	149	82

* Resident cases only

December Statistics	
Community Substance Abuse Services	
Persons on Wait List on Last Day	682
Daily Census on Last Day	6,685
Outpatient Visits Provided	42,731
Residential Days Provided	12,963

Source: SFDPH, CSAS, Epidemiology Unit, compiled by Frank Patt and Al Abramowitz 1/17/95.

5. 1995 ELECTION OF COMMISSION PRESIDENT AND VICE PRESIDENT

Commissioner Castaneda nominated, seconded by Commissioner Chow, Commissioner Jackson for President.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) voted to re-elect Commissioner Jackson as President of the Health Commission.

Commissioner Kaufman nominated, seconded by Commissioner Ripple, Commissioner Chow for Vice President.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) voted to elect Commissioner Chow as Vice President of the Health Commission.

6. PRESENTATION OF THE TENDERLOIN IMMUNIZATION PROJECT AS PART OF THE CALIFORNIA HEALTHY CITIES PROGRAM

After introducing members of the Steering Committee of the San Francisco Healthy Cities Project, Melange Matthews of Planning presented the following:

San Francisco was designated a California Healthy City in December 1993, and hosted the First International Healthy Cities Conference at that time.

Each community earning the California Healthy City designation designs a specific program through which government, private sector and community representatives work collectively to address matters of vital importance to the health and well-being of the community's residents. San Francisco has chosen to focus on improving the rate of on-time immunization for toddlers. Our 49% rate for on-time immunization of toddlers is low relative to the Bay Area and statewide averages

During 1994, San Francisco Healthy Cities Project activities were concentrated in the Tenderloin, a neighborhood in which many residents are recent immigrants to the United States. Many of these individuals have difficulty accessing immunization messages through English language media and have limited resources to pay for immunizations. Specific activities included sponsoring special hours for free immunization at St. Anthony's Medical Clinic, distributing educational materials to parents, and developing the first immunization poster in California to be originally designed in Chinese, Vietnamese and Tagalog! Newly designed immunization posters will also be distributed in Spanish and English.

In 1955, San Francisco's Healthy Cities Project will be focused in the Mission District. Home to successive generations of immigrants, the Mission District has the largest number of children and youth per square mile of any neighborhood in San Francisco. **The Healthy Cities: Mission Immunization Project** will sponsor free immunization services and develop educational materials that are culturally and linguistically appropriate for the neighborhood's Latino and Filipino communities.

Each California Healthy Cities designation runs for a 12-month cycle. At the end of each 12-month period, a community must submit a renewal application describing proposed activities for the coming year. On December 2-0, 1994 this Commission approved a resolution supporting this renewal application. The renewal application must also include a resolution of support from the Board of Supervisors.

Renewal of San Francisco's California Healthy Cities designation will ensure that San Francisco can continue an effort critical to improving the well-being of our City's children.

Mr. Gregory Shaffer of the California Healthy Cities Project made an award presentation to Dr Hernández, who acknowledged Melange Matthews, the Department staff, and Flo Stroud for their leadership and commitment to this project.

Commissioner Ripple inquired about funding needed for the posters and would hope that help from the private sector would be a possibility.

7. PUBLIC HEARING ON THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FISCAL YEAR 1995-96

Monique Zmuda, Acting Department of Public Health Budget Director, presented the proposed budget for FY 1995-96,. (for a copy, contact the Commission Office at 554-2666), including an overview (Attachment A). The budget document includes information on all proposed revenue enhancements, administrative reorganization efficiencies, and service reductions for the proposed 1995-96 budget.

Points raised by Commissioners:

- Commissioner Kaufman pointed out that the Department, having no control over Civil Service personnel salaries, can only negotiate in areas of labor contracts, the U.C. Affiliation Agreement and the large community-based contractors to absorb budget cuts. She also raised a policy issue of whether the City would continue to provide trauma services and who pays for them.
- Commissioner Jackson raised the issue of looking at the financial impact on the Department by totally eliminating differential pay.
- Commissioner Castaneda encouraged the Department to relook at the payment methodology with the U.C. Affiliation Agreement and the areas of workers compensation. She emphasized the importance of how the Department could help the City to save money. Additionally, she commended the Department for the proposed budget by looking at the large policy issues impacting the budget.

Dr. Hernández stated that the issue of differential pay would be a Citywide issue for the future, but the Department has to comply with current MOU's on differential pay. She also pointed out that the elimination of contractor COLA's (cost of living adjustments) in lieu of extensive service reductions is very painful for contractors, given the past freezes on contractor funding allocations.

Dr. Hernández thanked Judith Klain, Tangerine Brigham, Monique Zmuda and Tony Wagner for their leadership in formulating the budget document.

Public Speaker: Steve Leoni, mental health advocate, opposed the cuts impacting mental health services.

8. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

OVERVIEW

The Department of Public Health in fiscal year 1995-96 is faced with the challenge of moving to a consumer-friendly, cost-effective integrated healthcare delivery system while balancing cuts in federal, state, and local dollars. The failure of Congress to pass the Health Security Act of 1994 continues to put the responsibility on local governments to provide healthcare services to the working uninsured, underinsured and indigent. As the federal government looks to reduce the rising costs of the Medicaid program by dismantling supplemental payments to safety net providers, counties again become the provider of last resort with fewer means to subsidize the care provided to un-sponsored populations. In addition, the Governor in his State budget has proposed approximately $67.8 million in reductions to health service programs currently in existence state-wide.

The Department continued to be fiscally prudent when approaching the budget. In October the Department submitted a pared down baseline budget to the Mayor which included a general fund request for $157.9 million. Guided by our Mission to ensure access to services which promote physical and mental health while moving towards a competitive managed care system, the Department continued to first look at revenue enhancements, then productivity increases and efficiencies and lastly service reductions to meet the budget. In order to balance the budget, diversify revenue streams and to meet programmatic demands, the Department also proposed to augment select services for fiscal year 95-96.

Originally the Department had been allocated a $110 million general fund for fiscal year 1994-95 Four million in additional funds were allocated by the Mayor to annualize supplemental appropriations to provide staffing in the new jail, and fund selected substance abuse programs. The $114 million allocation in general funds from the City and County of San Francisco, equals the same amount the Department of Public Health is receiving in 1994-95 once these supplemental appropriations are annualized.

Since 1991-92, the Department's general fund allocation has been reduced by $60 million, a 34% reduction from $177.3 allocation in 1991-92, while expenditures have increased $93 million. For fiscal year 1995-96, the Department has incurred net expenditure increases totaling $35 million which include $8.85 million in increased labor costs due to the SEIU arbitration agreement. In addition, the Department budgeted $11.4 million in one-time revenue in fiscal year 94-95 which must be replaced in next fiscal year to maintain the current level of services and associated operating costs. Because the federal Disproportionate Share (DSH) program benefits all DSH hospitals in the City, the Department requests that a portion, ($4 million,) of the county required contribution be funded outside the Department of Public Health budget.

The Department has placed priority in pursuing new revenue enhancements to pay for health services. For fiscal year 1995-96 our ability to leverage revenue has been hampered by changes in the State and Federal legislature which are predicted to negatively impact funding for health and welfare programs. While it is still too early to calculate the specific impact these reductions will have on San Francisco, we can assume that we will be facing new revenue losses for next year.

The Department has pursued administrative and operating efficiencies in prior years, last year proposing $6.2 million in administrative and operating efficiencies. The Department has continued to look at efficiencies as a way to reduce cost and is proposing $10.6 million for fiscal year 95-96.

Even with revenue enhancements and improved efficiencies, to make up the $35 million shortfall the Department is in the unfortunate position to consider service reductions to close the remaining deficit. The Department is proposing $900,000 in service reductions.

The Department has proposed absorbing its $35 million gap in the following manner:

Enhanced Revenues	$17.3 million
Other Funding Requirements	4.2 million
Administrative/Operating Efficiencies	11.0 million
Service Reductions	.9 million
Managed Care Initiatives (reductions and increases)	1.9 million
Total	$35.3 million

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1/31/95

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

SPECIAL
HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
FEB 2 1995
SAN FRANCISCO
PUBLIC LIBRARY

January 31, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

NOTE: **NO BUDGET COMMITTEE MEETING.**

1. **CALL TO ORDER**

2. **CONSIDERATION OF RESOLUTIONS RE: POLICY ISSUES AROUND THE 1995-96 DEPARTMENT OF PUBLIC HEALTH BUDGET**

    A) CONSIDERATION OF A POLICY TO INCREASE PATIENT FEES FOR PRIMARY CARE SERVICES AT 12 COMMUNITY-BASED CLINICS AND AT SAN FRANCISCO GENERAL HOSPITAL.

    B) CONSIDERATION OF A POLICY TO OBTAIN ADDITIONAL CITY FUNDING TOWARDS THE SB 855 DISPROPORTIONATE SHARE HOSPITAL PROGRAM.

    C) CONSIDERATION OF A POLICY TO ENCOURAGE THE DEPARTMENT OF PUBLIC HEALTH TO IDENTIFY AND USE ONE-TIME REVENUES EXCLUSIVELY TO FUND ONE-TIME EXPENSES.

    D) CONSIDERATION OF A POLICY TO URGE THE MAYOR AND THE BOARD OF SUPERVISORS TO ALLOW THE DEPARTMENT OF PUBLIC HEALTH TO KEEP INDIRECT COSTS ON ALL GRANTS.

E) **CONSIDERATION OF A POLICY TO URGE THE MAYOR AND THE BOARD OF SUPERVISORS TO CONSIDER FUNDING FOR A NEW PROGRAM, THE SENIOR DISASTER REGISTRY, A LOCAL UNFUNDED MANDATE**

3. **CONSIDERATION OF APPROVAL FOR THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96**

4. **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

SP
#20
#2
1/31/95

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, PhD.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
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Michael D. Shriver
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HEALTH COMMISSION
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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
SPECIAL HEALTH COMMISSION MEETING

Tuesday, January 31, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present:	Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Margel F. Kaufman Commissioner Helen B. Ripple, R.N., M.S.N. Commissioner Michael D. Shriver
Absent:	Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow, M.D.

President Jackson announced that due to a conflict of interest as a U.C. employee, Commissioner Ripple will not discuss or vote on the following areas of the Department budget:

a. U.C. Affiliation Agreement - about $46 million
b. U.C. contracts with the Department of Public Health (separate from U.C. Affiliations) about $8.7 million
c. Goal of $5,655,000 in productivity standards, efficiency in the U.C. contract, staffing adjustments.
d. Goal of $500,000 increase in expenses for PHO.
e. Elimination of contractor COLA's affecting U.C. contracts.

2. CONSIDERATION OF RESOLUTIONS RE: POLICY ISSUES AROUND THE 1995-96 DEPARTMENT OF PUBLIC HEALTH BUDGET

A) CONSIDERATION OF A POLICY TO INCREASE PATIENT FEES FOR PRIMARY CARE SERVICES AT 12 COMMUNITY-BASE CLINICS AND AT SAN FRANCISCO GENERAL HOSPITAL

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Ripple, Shriver) adopted Resolution #1-95, "Supporting a Policy to Increase Fees for Health Services", (Attachment A), as amended by Commissioner Shriver.

B) CONSIDERATION OF A POLICY TO OBTAIN ADDITIONAL CITY FUNDING TOWARDS THE SB 855 DISPROPORTIONATE SHARE HOSPITAL PROGRAM

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Ripple, Shriver) adopted Resolution #2-95, "Urging the Mayor and the Board of Supervisors to Allocate Additional City Funds Outside of the Department of Public Health's Budget for Contribution to SB 955, Disproportionate Share Hospital Program", (Attachment B).

C) CONSIDERATION OF A POLICY TO ENCOURAGE THE DEPARTMENT OF PUBLIC HEALTH TO IDENTIFY AND USE ONE-TIME REVENUES EXCLUSIVELY TO FUND ONE-TIME EXPENSES

This item was withdrawn by the Department.

D) CONSIDERATION OF A POLICY TO URGE THE MAYOR AND THE BOARD OF SUPERVISORS TO ALLOW THE DEPARTMENT OF PUBLIC HEALTH TO KEEP INDIRECT COSTS ON ALL GRANTS

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Ripple, Shriver) adopted Resolution #3-95, "Urging the Mayor to Allow the Department of Public Health to Retain Indirect Costs That are Collected Through Its Grants", (Attachment C), as amended by Commissioner Ripple.

E) CONSIDERATION OF A POLICY TO URGE THE MAYOR AND THE BOARD OF SUPERVISORS TO CONSIDER FUNDING FOR A NEW PROGRAM, THE SENIOR DISASTER REGISTRY, A LOCAL UNFUNDED MANDATE

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Ripple, Shriver) adopted Resolution #4-95, "Requesting General Fund Support Beyond the Department of Public Health's 1995-96 Baseline Budget to Create a Senior Disaster Registry", (Attachment D).

3. CONSIDERATION OF APPROVAL FOR THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

Dr. Sandra Hernández, Director of Health, acknowledged the continuing shortfall for substance abuse programs and that this will cause major service problems.

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Ripple, Shriver) adopted the proposed Department of Public Health 1995-96 budget, with Commissioner Ripple abstaining on specified areas of the budget (listed earlier in these minutes), due to conflict of interest as a U.C. employee.

President Jackson thanked Dr. Hernández, Tangerine Brigham, Monique Zmuda, Tony Wagner and Judith Klain for their work on the budget.

4. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-95

SUPPORTING A POLICY TO INCREASE FEES FOR HEALTH SERVICES

WHEREAS, the Department of Public Health provides primary care and dental services to uninsured patients at ten community-based clinics, and dental services at six community-based clinics; and,

WHEREAS, the Department of Public Health provides primary and in-patient care at the San Francisco General Hospital; and,

WHEREAS, the Department of Public Health's mission is to ensure that unsponsored patients have access to medical services; and,

WHEREAS, current billing is based on a sliding scale fee schedule ranging from $0 to a bottom rate of $5 for General Assistance and other populations who are unable to pay at the community clinics for medical and dental care; $20 for out-patient at San Francisco; and $100 for inpatient, ambulatory and special procedures at San Francisco General Hospital, for those patients who are able to pay a portion of their bill; and

WHEREAS, the proposed fee increase would add $5 to the bottom sliding scale rate and would add $5 to subsequent fee schedule increments; and,

WHEREAS, the proposed fee increase would not apply to persons who currently have a zero pay liability; and,

WHEREAS, the Department of Public Health is facing a projected deficit of $35 million for fiscal year 1995-96 which it will need to find non-general funds to close; and,

WHEREAS, the proposed fee increase would bring projected additional revenues of $200,000 at Community Health Services and $500,000 at San Francisco General Hospital; now, therefore, be it

RESOLVED: that the Health Commission supports a policy which would allow the Department of Public Health to increase fees for primary care services which would assist the Department in closing its $35 million budget shortfall; and, be it

FURTHER RESOLVED, that the Health Commission continues to support the policy that the Department would not deny medical services to anyone based on inability to pay.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 31, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-95

URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO ALLOCATE ADDITIONAL CITY FUNDS OUTSIDE OF THE DEPARTMENT OF PUBLIC HEALTH'S BUDGET FOR CONTRIBUTION TO SB 855, DISPROPORTIONATE SHARE HOSPITAL PROGRAM

WHEREAS, SB 855, the Disproportionate Share Hospital Payment Program, is a State/Federal funding match program for hospitals which provide a disproportionate share of in-patient health care services to Medi-Cal and indigent populations; and,

WHEREAS, the City and County of San Francisco has participated in the SB 855 program since fiscal year 1991-92 : and,

WHEREAS, it is the intent of the SB 855 program that funding go to San Francisco General Hospital to provide health care to indigent populations; and,

WHEREAS, the City and County of San Francisco, for fiscal year 1994-95, contributes $66.5 million to obtain $90.3 million in SB 855; and,

WHEREAS, this contribution, in addition to benefiting San Francisco General Hospital, also benefits St. Lukes Hospital, a competing private hospital which receives an annual gain of $4.3 million from the County's participation in the program; and,

WHEREAS, the Health Commission believes it is a County function and responsibility to contribute to the SB 855 fund; and,

WHEREAS, the fiscal responsibility, in the past, has fallen on the Department of Public Health; and

WHEREAS, the Department is faced with a $35 million deficit for fiscal year 1995-96; now, therefore, be it

RESOLVED, that the Health Commission respectfully requests the Mayor and the Board of Supervisors assistance in identifying City funding outside of the Department of Public Health 1995-96 general fund allocation to pay for the County contribution to the SB 855, Disproportionate Share Hospital Payment Program.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 31, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-95

URGING THE MAYOR TO ALLOW THE DEPARTMENT OF PUBLIC HEALTH TO RETAIN INDIRECT COSTS THAT ARE COLLECTED THROUGH ITS GRANTS

WHEREAS, the Department of Public Health has been successful in bringing significant amount of dollars in outside grants to fund local public health services; and,

WHEREAS, a portion of this grant money is allocated by funders to pay for indirect costs associated with administrating these grants; and,

WHEREAS, it has been City practice to use these indirect dollars to pay for other City and County indirect costs outside of the Department of Public Health; and,

WHEREAS, the Department of Public Health is faced with declining revenues to pay for the current level of services; and,

WHEREAS, these indirect dollars can be used to offset costs incurred by the Department of Public Health in the administration, fiscal and programmatic oversight and evaluation of these grant funded programs; now; therefore, be it

RESOLVED: that the Health Commission respectfully requests the Mayor to allow the Department of Public Health to retain the indirect costs that are collected through grants generated by the Department to offset its costs associated with grant and program management; and, be it.

FURTHER RESOLVED, that the Health Commission requests this for a 3-year time frame and to reevaluate this in three years.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 31, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-95

REQUESTING GENERAL FUND SUPPORT BEYOND THE DEPARTMENT OF PUBLIC HEALTH'S 1995-96 BASELINE BUDGET TO CREATE A SENIOR DISASTER REGISTRY

WHEREAS, the Board of Supervisors in the aftermath of the 1989 Loma Prieta earthquake passed a resolution mandating that the Department of Public Health create a senior disaster registry to assist in locating seniors at risk during a disaster; and,

WHEREAS, the recent earthquake in Kobe, Japan underscores the importance of being able to locate and provide assistance to vulnerable people during a disaster; and,

WHEREAS, the Department of Public Health must absorb additional costs and reduced revenues totaling $35 million in its FY 1995-96 budget and cannot reasonably include costs of this local unfunded mandate in addition to other financial obligations; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby respectfully request of the Mayor and Board of Supervisors additional funding as might be required to support the creation of a senior disaster registry and that such funding be in addition to the Department of Public Health's FY 1995-96 baseline budget allocation.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 31, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, PhD.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

February 7, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:45 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 24, 1995 AND THE SPECIAL MEETING OF JANUARY 31, 1995**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Margel F. Kaufman)

(3.1) CHS- Maternal and Child Health - First modification to the contract with DSA Medical Services, in the amount of $47,500, to provide for Cytology Services, for the period of September 1, 1994 through August 31, 1995.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández)

5) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

6) CLOSED EXECUTIVE SESSION: **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION #67.8(4), REVIEW THE PERFORMANCE OF THE DIRECTOR OF HEALTH.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

SF
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2/7/95

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, PhD.
Commissioner

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Commissioner

Michael D. Shriver
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
SPECIAL HEALTH COMMISSION MEETING

Tuesday, February 7, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman (arrived at 4:15 p.m.)
Commissioner Helen B. Ripple, R.N., M.S.N.
Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 24, 1995 AND THE SPECIAL MEETING OF JANUARY 31, 1995

Action Taken: The Commission adopted the minutes of January 24, 1995 and January 31, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) CHS- Maternal and Child Health - First modification to the contract with DSA Medical Services, in the amount of $47,500, to provide for Cytology Services, for the period of September 1, 1994 through August 31, 1995.

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Ripple, Shriver) approved this item.

President Jackson announced the 1995 liaison appointments of Commissioners to specific Department areas (see Attachment A).

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández)

RESIGNATIONS AND APPOINTMENTS

Deputy Director of Public Health for Mental Health Services

I am saddened to report that Jeff Jue has offered his resignation as the Director of Mental Health. While we are dismayed by our loss, we are pleased for Jeff and this positive career move. Jeff has agreed to serve as the Director of Social Services for Stanislaus County. This move provides a unique opportunity for him on both a professional and personal level. Mr. Jue's resignation is effective March 31st.

Jeff has taken the Division through a critical period of change and restructuring. He is leaving at an important juncture for Mental Health, one he helped make a reality, as we enter the managed care arena and the County takes over administrative responsibility for Medi-Cal psychiatric hospitals in the County

Jeff was a valuable member of my Executive Staff and a dedicated, highly committed, talented professional. I know we will all miss Jeff, his sense of humor, commitment and dedication. We wish him all the best in his new endeavors.

Contracts Manager

I am pleased to announce the appointment of Galen Leung as the manager of the DPH Contract Unit. Galen has been acting in this role since Hope Kamimoto's departure in October. He comes to us from the AIDS office were he served as the head of the administrative services section where he supervised the development of contracts for AIDS services. This is a crucial time for the unit: the Commission and Department managers have placed an emphasis on contract accountability, consolidation and efficiencies. I am confident that Galen will handle these challenges and help the Department streamline its contracting functions.

ADMINISTRATION

Trip to Washington D.C.

Margaret Kisliuk was successful in scheduling a meeting for me with Dr. Bruce Vladeck, Executive Administrator for the Health Care Financing Administration (HCFA) February 15th to discuss MAC claims. The County Health Officer from San Mateo will also join us to discuss the serious impact the SB 910 funding stalemate has caused for the State. I will take the opportunity while I am in Washington to meet our Congressional representatives on other health related issues including: re-authorization of the Ryan White Care Legislation, and Medi-Caid/Medi-Care finance reform.

Meeting with Labor

Last week all DPH Division Managers met with the Department's Labor Representatives to begin what we hope is a continuing dialogue about a number of issues of mutual concern. At this initial meeting we discussed the FY 1995-96 budget, Managed Care, the Local Initiative and the R Facility. The group which was well represented agreed to meet every 4-6 weeks to share information and attempt to find projects where the Department and Labor can work in a cooperative arrangement.

Job Training Partnership Act, Title III, Demonstration Program: Health Care Workers Retraining Program

The San Francisco Department of Public Health is undergoing significant changes as it prepares to compete in a managed care environment while at the same time having to deal with continuous reductions in revenues and expenditures. These revenue reductions are occurring at the Federal, State and local level.

In an effort to address these issues, the Department has been engaged in a total re-evaluation of its structure and role in San Francisco. This restructuring includes both the type of services delivered and the way in which those services are delivered. Under the direction of the San Francisco Health Commission, the Department has focused on revenue enhancements, administrative and operating efficiencies, competing as an integrated health care delivery system in a managed care environment, and maintaining services to the most vulnerable populations. The changes which the Health Department will undergo will significantly affect its work force. The need for jobs in some existing programs will decrease while the need for jobs in new or enhanced programs will increase. It is important, therefore, that we be able to provide skills training to the Department's current work force so they may qualify for the new jobs that may develop as a result of our restructuring.

With these things in mind, the Department has joined in a collaborative effort with SEIU and San Francisco State University to apply to the Department of Labor for a retraining grant. This process represents a unique opportunity to assist those workers whose jobs may be at risk and to also provide a qualified work force for new jobs which may be created as a result of health care reform.

SB 910 Update

The State Department of Health Services is continuing to meet with representatives of the Federal Health Care Financial Administration (HCFA) to discuss potential remedies for the stalled reimbursement of SB 910 Medical Administrative Claims (MAC). DHS representatives are also working with the California State Association of Counties to identify specific fiscal issues for each county as it relates to their budgetary reliance on anticipated SB 910 revenue.

DPH employees have participated in discussions regarding the options for retrospective payment and the development of a MAC system redesign which would be established to clarify the parameters of "legitimate" administrative services for prospective claims. Current discussions for the redesign include an increased focus on Targeted Case Management practices and an increased rate schedule adjustment for some of the claimed activities which are currently under review. I will continue to keep the Commission apprised of the developments associated with this critical issue.

Combined Charities Campaign

This year's Combined Charities Campaign entitled "Protect Our Future: Build A Healthier Community" was very successful. Health Department employees and patients donated more than $75,000 to the Combined Charities.

Laguna Honda Hospital staff and patients contributed to this outstanding effort by pledging $42,302, with $5,000 coming from patients. As a whole, the Health Department staff and patients should be commended for a tremendously successful campaign, that was the results of hard work and a considerable commitment of time. I would also like to thank Abner Boles for his role as the Combined Charities Coordinator for the Department.

MANAGED CARE

Door-to-Door Marketing

On January 24, 1995, the Health, Public, Safety and Environment Committee of the Board of Supervisors held a hearing on door-to-door marketing of Medi-Cal beneficiaries into managed care plans. Representatives from the State Department of Health Services attended the meeting, heard testimony and spoke with several beneficiaries who indicated that they were not fully informed about enrolling into Foundation Health Plan and felt mislead. At the hearing, Supervisor Susan Leal requested that door-to-door marketing be suspended until the State has completed a thorough investigation of all marketing allegations.

As a result of the Board's hearing and a more thorough investigation, the State has acknowledged that there are "instances of misrepresentation and inappropriate marketing activities" and "egregious" improprieties by Foundation Health. The State has ordered Foundation to immediately make the following changes:

- Cease door-to-door marketing of monolingual beneficiaries if the marketer does not speak the same language as the beneficiary;
- Revise its marketing presentation and marketing materials;
- Process the disenrollment of any beneficiary who was enrolled by a marketer not certified in the beneficiaries primary language;
- Investigate all allegations of misrepresentation and seek punitive action against the marketer; and
- Cease marketing to teen parents participating in comprehensive case management programs unless there is a subcontracting arrangement.

While pleased that the State has begun to take a more active role in monitoring door-to-door marketing activities in San Francisco, the Department still believes that door-to-door marketing should be suspended in the County. Allowing Foundation Health to continue its door-to-door marketing activities with materials which mislead beneficiaries runs counter to the State's intent to ensure that beneficiaries make informed health care choices.

The State has reiterated its commitment to implement Health Care Options effective April 1, 1995. Door to door-marketing would cease 30 days after the HCO implementation. The Department will maintain its close contact with the State on door-to-door marketing and continue to document instances of beneficiary complaints as they arise.

I would like to extend my thanks to the many beneficiaries and providers who willingly gave of their time to testify at the Board's hearing. It is evidently clear that the State would not have taken the actions which it has proposed without their input.

Capitation Rates

The State announced capitation rates will be distributed at a special meeting with counties and Local Initiatives on February 14, 1995. The initial rate is for a 16-month period, from June 1, 1996 to September 30, 1997. Commercial plans and Local Initiatives would receive this rate starting March 1, 1996 (scheduled implementation date for the two-plan model).

The rate will not apply to Local Initiatives which proposed to start prior to the two-plan model. As you are aware, San Francisco's Local Initiative, along with some other counties, is working to become operational by July 1995. The State has not begun the actuarial analysis to develop interim capitation rates which can be used by these Local Initiatives. The capitation rates are necessary to develop contracts with providers. The Department and the Local Initiatives will remain in contact with the State to determine when these interim rates will be developed.

Commercial Plan Bidder's Conference
On January 26 and 30, 1995, the State held two bidder's conferences to discuss the Request for Application process with commercial health plans. Commercial plans had several questions regarding capitation rates, scope of services provided, management information systems. Because the conference was 'informal and responses were not binding", responses to several pertinent questions were deferred by the State. The State will issue a written document with responses to all of the questions which were posed by commercial plans. The State anticipates that this document will be released by the end of this month.

Federally Qualified Health Centers (FQHCs)
The State has had several meetings with HCFA officials to discuss FQHC reimbursement and service provision under managed care. The State will issue a formal policy on FQHCs by February 10, 1995. Thus far, the State has indicated the following:

- Plans (commercial and Local Initiatives) will not be at risk for cost-based reimbursement at least for the first couple of years under managed care.

- The State will set aside a pool of funds which it currently uses for year-end FQHC reconciliation. This will be used to ensure that FQHCs receive their reasonable cost-based reimbursement at the end of the year. These funds are not part of the capitation rate.

- If FQHC waives its right to-cost-based reimbursement and accepts a capitation payment as full payment of services, then it cannot come back to the State at the end of the year if all of its costs have not been met.

SAN FRANCISCO GENERAL HOSPITAL

Diversion Statistics

Diversion Statistics for the month of January 1995: Critical Care diversion was at 7% (52.27 hours); Emergency diversion was 0.014% (11 hours).

Preferred Provider for City Health Plan
Last year the City Health Services Board agreed to include SFGH in its Preferred Provider Network for City Health Plan I. When the Contract came to the DPH Executive Staff for review, it was decided that the Health Centers should also be included in the provider network.

A proposal to add the Health Centers as preferred providers was not approved by the Health Services Board. At the hearing, the Board expressed concerns regarding the size of the provider network as well as the outcome of the Nursing MOU negotiations which were underway at the time. Progress in this matter was further delayed when the City Attorney's Office discovered a Charter provision which prohibited counties from directly providing health services to their own employees. The Commission passed a resolution urging the Board of Supervisors to consider a Charter revision to allow us to provide these services.

The legal impediment to providing health services to City employees was removed through a change to State law which was included in the Local Initiative legislation which took effect January 1, 1995. The Health Services Board has agreed to re-consider the inclusion of the Health Centers in the provider network at a meeting scheduled February 9th. If Health Services accepts the proposal, a contract will come before the Commission for consideration within the next month.

Garage

On Tuesday, January 31, 1995, members of the SFGH community, neighbors, community organizations, Health Commissioners, Parking and Traffic Commissioners, the SFGH/UC community, UC Chancellor's Office, and numerous City Department heads celebrated with Mayor Frank Jordan the groundbreaking for the hospital's 811 space parking garage. A turnout of nearly 200 individuals marked the event on one of San Francisco's first rain-free days in weeks.

The project has been a collaborative effort among many City Departments; DPH, Department of Parking and Traffic, DPW, City Attorney's Office and the Art Commission. The long awaited project will benefit SFGH patients, neighbors, staff and visitors. It is an important element in the stimulation of economic development in the 24th Street/East Mission neighborhood zones, and the Mission District as a whole.

Barricades will be constructed starting the week of February 6th, and actual demolition will begin the following week. Completion of the garage is scheduled for July, 1996. Thank-you to all Commissioners who were able to attend this special event.

Joint Commission Standards

On January 27, the Quality Management Department presented the first in a series of classes on the 1995 Joint Commission Standards. Eighty-one SFGH staff members attended the class. The course focuses on the major changes in JCAHO Patient Focused Standards, and the revisions and development activities required for compliance. The Joint Commission is expected to survey the hospital at the end of 1995.

Power Outages

A short circuit during routine maintenance, caused emergency power to patient care areas to fail for approximately 80 minutes on February 4, 1995. Plant Services personnel responded immediately. After the system was put back on line, contract maintenance vendors followed up to certify the integrity of the equipment. A fact finding investigation is currently underway to determine the reason for the failure.

Areas that were affected included 4E, 6H, 6G, 6C and the Operator's room. Total diversion was called for 45 minutes. The Emergency Department and Operating Room were unaffected by the power outage. Mivic Hirose, the Night Supervisor, and all the staff did an excellent job. As a result of their efforts, patient care was not jeopardized.

LAGUNA HONDA HOSPITAL

Laguna Honda Hospital Receives Funding Approval FY 1995: Health and Human Services (HHS) Legislation Earmarked

Mayor Jordan, Marilyn Berry Thompson, and Margaret Kisliuk (the City's Washington and Sacramento lobbyists, respectively) joined LHH Executive Administrator Anthony Wagner in meeting with Bruce Vladeck, HCFA Administrator, and his senior staff last month. The purpose of the meeting was to receive FY 1995 funding approval for the HHS legislation that was earmarked for LHH. The earmarked program was approved. The approved program will be a demonstration project for the provision of day care and rehabilitation services for non-elderly brain-injured individuals. Mr. Wagner and his staff will be presenting more details of the program in a future Health Commission meeting.

Community Education and Outreach Program

Laguna Honda Hospital has recently completed the development of a Community Education and Outreach Program which is designed to disseminate information regarding Laguna Honda admission criteria and services to various community groups. The aging population, increasing demand for skilled nursing services and complexities of eligibility for certain types of reimbursement have heightened the need for education regarding long-term care services in the community. The debut of this community educational program will be at 11 a.m. February 8th at the Third Baptist Church. This program will be available to other interested community groups throughout San Francisco. Additional information is available by calling Laguna Honda at 759-2363.

Opening of Adult Day Health Care Alzheimer's Program

Laguna Honda's Adult Day Health Program has now expanded to include a program specifically for persons with Alzheimer's disease. The full complement of eight participants will be attending by the end of February and referrals are being received from a variety of sources. A dedicated group of Adult Day Health Center staff with consolidation from Medicine, Neuropsychology and Community Alzheimer's Programs have worked for several months to make this program a reality. This program adds a significant new element to the continuum of outpatient services available at Laguna Honda. For additional information regarding this program, call 759-3360.

Anthony Wagner Recognized by California Association of Hospitals and Health Systems (CAHHS) For Long Term Care (CLTC)

At its annual meeting last week, the CAHHS CLTC recognized Anthony Wagner for his leadership over the past year as President of that organization. Among other accomplishments, Mr. Wagner led the group in developing a vision statement and principles reflecting that vision. He also represented CLTC as a voting member of the CAHHS Board of Trustees. Mr. Wagner will continue to serve on the CLTC Board.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mental Health Rehabilitation Facility

The OSHPD Fire Marshall granted occupancy for "stocking and staffing" this week. Testing of the fire alarm system, nurse call system, and installation of the telephone system continue. When all systems are tested and functional, full occupancy for the intended use will be granted.

Consultants from State Department of Mental Health and HCFA toured the facility to review licensing options. The representatives from state DMH will be working with DMS staff to make a formal proposal to HCFA regarding reimbursement for Medi-Cal.

DMS Inpatient Consolidation Status Report

Effective January 1, 1995, the administrative responsibility over Fee-For-Service Medi-Cal psychiatric hospitals was transferred to San Francisco County from the California Department of Health The Division has formed a Special Pilot Team to implement and monitor this First Phase of Managed Care for Inpatient Mental Health Services. Although there were many uncertainties and confusing directions from the State, the Division has implemented the inpatient admission, utilization review, and discharge functions for all Medi-Cal eligible San Francisco clients. The Bay Area hospitals which are participating as contract hospitals with the Divisions are as follows:

- Adult Geriatrics: California Pacific Medical Center, St. Francis, St. Lukes, St. Mary's, U.C. Langley Porter, and East Bay Hospital.

- Children's/Adolescents: St. Mary's, U.C. Langley Porter, First Vallejo, and Ross Hospital.

The census for Medi-Cal patients in the San Francisco private hospitals are running at about 60 beds. The total number of adult admissions into private hospitals since 1/1/95 as of 1/27/95 was 78. The number of admissions for children and adolescents as of 1/17/95 was 18 (children 3; adolescents 15), of whom 115 were Medi-Cal funded and 3 were privately funded. In addition to admissions into the Bay Area contract hospitals, we have received requests from non-contract hospitals in other counties (San Diego, Merced, San Benito), where San Francisco clients were brought in for admission. This consolidation of Short-Doyle and Private Fee-For-Service acute psychiatric inpatient at the county level give us for the first time an overall a perspective on acute hospital utilization and the types of clients served. This data is being analyzed and periodic reports will be prepared for the Commission.

Substance Abuse Funding

The Department continues its pursuit of funding to maintain current treatment capacity in San Francisco alcohol and drug treatment programs.

Next week, I will be meeting with Dr. Nelba Chavez, the Administrator of SAMSHA, to review requests for treatment support from Target Cities carry forward funds and special population grants.

Maximizing the use of Drug/Medi-Cal funding for perinatal programs remains a viable option and CSAS is working with the provider programs to ensure that this funding, as well as others such as Ryan White and CHDP, are available for program support.

Since residential treatment programs are such an important resource to the community, special efforts must be advanced if these facilities are to be maintained. To this end, the Department is considering an additional supplemental to provide "bridge" support for residential programs until more stable, long term funding options can be secured.

MICROBIOLOGY/LABORATORY

Premarital Testing Law Repealed

Governor Pete Wilson signed Assembly Bill 3128 (Speier) which repeals California's premarital testing law including syphilis and rubella tests, the physician's examination, and the offering of an optional HIV test. The change in this law, which was supported by local health departments and the California Medical Association, is effective January 1, 1995.

Premarital testing for syphilis, rubella and HIV infection has been shown to be an inefficient method for the control of these diseases and is no longer a cost-effective public health measure. The law is not applicable for more than 60% of all marriages of California couples (40 percent are "confidential" marriages which do not require testing and another 20 percent of California couples marry out of state where premarital testing is often not required). Couples receiving premarital tests typically do not include a large portion of individuals at risk for sexually transmitted infections.

5) OTHER BUSINESS/PUBLIC COMMENTS*

Dr. Hernández requested the Commission to consider an emergency supplemental as follows:

> CSAS - Consideration of a supplemental appropriation for $207,103 to fund one month, from January 15 through February 15, 1995, for substance abuse treatment services which were formerly funded through Asset Forfeit Seizure funding.
>
> Action Taken:
>
> 1. To add this item to the agenda as an emergency, the Commission (Jackson, Chow, Castaneda, Gadberry, Ripple, Shriver) reasonably determined in good faith, by a two thirds vote, that the need to take immediate action on the item is so imperative as to threaten serious injury to the public interest if action were deferred to a subsequent special or regular meeting, and the need for such action came to the attention of the body subsequent to the agenda being posted.
> 2. The Commission (Jackson, Chow, Castaneda, Gadberry, Ripple, Shriver) approved the supplemental request of $207,103.

Commissioner Kaufman arrived at 4:15 p.m.

The Commission went into Executive Session:

6) AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION #67.8(4), REVIEW THE PERFORMANCE OF THE DIRECTOR OF HEALTH.

After coming out of Executive Session, the Commission voted to disclose no information from the Executive Session.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

MEMORANDUM

Date: February 8, 1995

To: Health Commissioners

From : Arthur M. Jackson, President

Subject: 1995 Commission Liaison Appointments

Commissioners	Subject Area	DPH Executive Staff
Rebecca P. Castaneda, DDS	*Joint Conference for QA at LHH Chairperson	Anthony Wagner
Edward A. Chow, MD	*Joint Conference for QA at SFGH Chairman S.F. Health Authority and MediCal Managed Care	Richard Cordova
Sharon Gadberry, Ph.D.	Mental Health Managed Care	Jeff Jue
Arthur M. Jackson	DPH Emergency Services	Larry Meredith Richard Cordova Jeff Jue
Margel Kaufman	Brokerage Services (Contracting)	Bob Prentice Jeff Jue Larry Meredith
Helen B. Ripple, RN, MSN	Primary Care Services	Bob Prentice Richard Cordova
Michael D. Shriver	HIV Care Council DPH Community Programs	Bob Prentice Larry Meredith Bob Prentice Jeff Jue
	Charter Reform	

Commission Budget Committee:

Margel Kaufman, Chairperson
Rebecca Castaneda, DDS
Arthur Jackson
Michael Shriver

*Closed Sessions

Attachment A
Page 1 of 1

City and County of San Francisco

95

HEALTH COMMISSION
Department of Public Health

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NOTICE

HEALTH COMMISSION MEETING
at
3:00 p.m.
Tuesday, February 21, 1995
101 Grove Streeet, Room #300
San Francisco, CA 94102

This item will be on the February 21, 1995 agenda:

CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION RULES OF ORDER

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 21, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.

Absent: Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 7, 1995

Action Taken: The Commission unanimously adopted the minutes of February 7, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of a supplemental appropriation of $682,058 in General Fund monies to continue five residential substance abuse programs whose Federal funding has ended.

Dr. Larry Meredith reported the Department, working with the contractors and other City officials, have made a philosophical commitment to continue funding these residential beds in FY 1995-96.

Public Speaker: Alfonso Acampora, Walden House, supported the supplemental

(3.2) Consideration of a resolution to approve an agreement between the Department of Public Health and the Department of Human Resources, and a subcontract between the Department of Public Health and the Regents of the University of California, through which the Department of Public Health, in partnership with the University, will become the provider of workers' compensation services to City employees.

(3.3) SFGH - Health Information Services - Retroactive approval of contract modifications with Bay Area Medical Transcription (BAMT); California Medical Transcription (CMTI); and Transcription Stat, Inc., (TSI), for the provision of back-up medical transcription services combining the three contracts in the amount of $66,500 for the period of February 1, 1995 through May 31, 1995. (DPH contracted with Bay Area Medical Transcription for services totaling $245,000, DPH contracted with California Medical Transcription, Inc. for services totaling $85,000, DPH contracted with Transcription Stat, Inc. for services totaling $80,000 in FY 1993-94).

(3.4) CO - MIS - Combined sole request and contract modification in the amount of $4,838,567 for Share Medical Systems to implement managed care data capabilities for the period of March 1, 1995 through June 30, 1997. DPH contracted with Shared Medical Systems for services totaling $430,000 in FY 1993-94).

> Commissioner Jackson requested that a copy of the Coopers Lybrand letter be sent to the Commission.

(3.5) CPHS - Epidemiology - Sole source request and new contract with American Lung Association of San Francisco and San Mateo Counties in the amount of $60,000/year to provide community-based support for the Department's Tuberculosis Advisory Committee for the period of certification through January 14,1998. (DPH contracted with American Lung Association for services totaling $213,488 in FY 1993-94).

(3.6) DMSF - Family Mosaic Project - Request to add additional providers and to increase the approval level for service providers for the Family Mosaic Project by an additional $200,000 for the period of July 1, 1994 through June 30, 1995.

(3.7) DMSF - CSAS - Renewal multiyear agreement contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone in the amount of $90,300/client revenues to provide multiple offense "driving-under-the-influence" (DUI) services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Council on Alcohol Abuse Spanish for services totaling $125,586 in FY 1993-94).

(3.8) DMSF - CSAS - Renewal State of California Hold Harmless Agreement between the State Department of Rehabilitation and the Department of Public Health, Community Substance Abuse Services, in the amount of $44,642 to provide vocational rehabilitation services to persons in recovery from substance abuse for the period of July 1, 1994 through June 30, 1995. (DPH contracted with State of California Department of Rehabilitation for services totaling $44,235 in FY 1993-94).

(3.9) DMSF - CSAS - Combined request for: 1) approval of a revised drug Medi-Cal contract with the California State Department of Alcohol and Drug Programs in the amount of $5,559,002 to provide substance abuse services to clients who are eligible for such services pursuant to U.S. District Court Permanent Injunction, Sobky v. Smoley; and 2) approval of a request for supplemental appropriation for additional Federal Medi-Cal revenues in the amount of $1,138,290 to fund additional substance abuse services to Medi-Cal recipients consistent with Sobky v. Smoley.

(3.10) DMSF - CSAS - Consideration of a site approval for Target Cities Program at 1663 Mission to provide assessments and referrals.

Public Speakers:	(in support of site) Michelle Aldrich, DAAB Keith Folger, Baker Places
Action Taken:	The Commission, (Jackson, Chow, Castaneda, Gadberry, Kaufman, Ripple) approved items #3.1, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 and 3.10. The Commission, (Jackson, Chow, Castaneda, Gadberry, Kaufman, Ripple) approved item #3.2. Commissioner Ripple, a U.C. employee, abstained on #3.2 due to conflict of interest.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández)

MANAGED CARE

Door-to-Door Marketing

I am pleased to report that on February 16, 1995 the Foundation Health Plan announced that it would suspend its door-to-door marketing activities in San Francisco. As you are aware, Foundation was under increasing criticism from beneficiaries, providers and advocacy groups regarding its marketing practices. Last week Foundation Health issued a joint press release with Supervisor Susan Leal to announce its decision. Foundation will continue to market its health care plan through a combination of direct mail solicitation, group meetings and other marketing methods. The marketing activities will be revised and approved by the State.

BUDGET

Federal Budget

On February 6, 1995 President Clinton released a $1.612 trillion Fiscal Year 1996 Federal Budget. The White House expects revenues to generate $1.415 trillion, leaving an anticipated FY 1996 budget deficit of $197.6 billion. The national budget includes:

• Domestic Discretionary	$266 billion	16%
• National Defense	$262 billion	16%
• Social Security	$351 billion	22%
• Net Interest	$257 billion	16%
• All Other Mandatory	$184 billion	11%
• Medicare and Medicaid	$271 billion	17%
• International Affairs	$ 21 billion	1%

Balanced Budget Amendment

The Balanced Budget Amendment has moved from the House to the Senate, where it will required 67 votes to pass. If it is successful, the measure will require ratification by 38 States. To date, Social Security has not been exempted from the Bill and President Clinton has vowed to veto the Bill

According to Senate Majority Leader Dole, the Bill proposes to cut the budget by $619 billion over five years to ensure "a glide path to zero deficit by 2002." Included in the potential cuts over the next five years is a reduction in Mandatory Benefit Programs, including a proposed reduction of $146 billion in Medicare over the next five years.

Unfunded Mandates Bill

The House passed the Unfunded Mandates Bill on a vote of 360-74. The measure will move next to a Senate and House Conference Committee. The Bill will require that Congress pay for any laws that impose at least $50 million in costs on States and local governments. The funding requirement could be waived by a majority vote. The Bill would exempt provisions in federal laws or regulations that enforce constitutional or civil rights, fight discrimination, provide emergency relief, are necessary for national security or relate to Social Security. The Bill is not retroactive.

I will continue to keep the Commission informed regarding the implications of the Federal budget as it is shaped in Congress.

Recent Federal Meetings on Medi-Cal Issues

Last week Margaret Kisliuk and I participated in meetings with representatives of the Department of Health and Human Services, including Bruce Vladeck, the Administrator of the Health Care Financing Administration (HCFA), which has jurisdiction over Medi-Cal. The primary purpose of the meeting was to discuss the $25 million at stake ($10.3 million in the current budget year) in "Medical Administrative Claims" (SB 910).

As you know, funding has been deferred based primarily on a HCFA audit of a single county, Los Angeles. Since the original audit, two additional counties have been audited: San Mateo and Alameda. It is our strong contention that our claims would withstand such an audit, and we strongly urged HCFA to conduct a more thorough review of our claims. In fact, the audit of San Mateo County was scheduled for two days, but concluded in one with a verbal report that the quality of claims were by and large reasonable and allowable. It is our strong preference that our claims be audited and paid based upon the merits of each claim.

I strongly urged that HCFA approach the MAC claiming issue in the context of the State's entire MediCaid program. HCFA has pending before it the State's 1915 (b) ("Freedom of Choice") waiver request for the managed care program that will be applied to 12 of the State's largest counties, including San Francisco and Los Angeles.

It was one recommendation that HCFA apply its analysis of the State's outpatient rates as part of its review of MAC claims to its review of the State's 1915(b) waiver request. Specifically, we are currently faced with outpatient rates that compensate for approximately 20% of the costs of care. Only a portion of this amount would be included in the capitated managed care rates that we will soon be negotiating, further weakening our potential success in managed care, and the overall strength of the health care safety net for the poor in California.

Based upon that meeting, and a subsequent meeting in San Francisco involving HHS officials, I am optimistic that the pending resolution of the MAC issue will allow San Francisco the reimbursements that have been estimated as part of our budget. In any event, the resolution of this issue is expected to be outlined by HCFA within the next two weeks.

It is my hope that our meeting may have precipitated an approach that takes into account the overall Medi-Cal system; in the context of current MediCal rates and the proposed managed care structure.

California is 51st in the nation in MediCaid dollars per eligible recipient. If HCFA were to approve all of the pending MAC claims, the State would be 50th in this ranking.

Proposition 99

The California Department of Finance has proposed to adjust the Legislature's allocation of Prop 99 Tobacco Tax funds for fiscal year 1994-95. If this proposal goes through the estimated reduction of CHIP Unallocated Funds, for San Francisco will be $432,857 for fiscal year 1994-95, of which $406,644 was allocated to San Francisco General Hospital and the remainder for administrative expenses. Final revised allocations are due from the State by May.

In addition, the Governor has proposed further reductions in CHIP revenues to backfill Prop 99 funding lost by programs such as Access to Infants and Mothers and Child Health and Disability Prevention. These proposed reductions are a result of the Superior Court's finding of illegal diversion of Prop 99 Health Education and Research funds in American Lung Association et al vs. Pete Wilson et al. The Health Education fund is supposed to get 20% and the Research fund 5% of the .25 cents State tax on cigarettes. Over the past two years $56.9 million from the Research fund and $73 million from the Education fund has been diverted to pay for other medical services for the indigent and working poor.

On behalf of the Department, on February 10, 1995 I submitted a declaration to Superior Court Judge Roger K. Warren regarding our concern over the Governor's proposal to further reduce CHIP funds and the potential impact this reduction would have on health care services for the indigent. Currently $9.4 million is allocated to San Francisco City and County in CHIP/Prop 99 funds. The Court will be addressing remedies in this case this week. I will continue to keep you informed of the results.

ADMINISTRATION

San Francisco Foundation Koshland Awards

I am pleased to announce that three DPH employees have been recipients of the 1995 Koshland Civic Unity Award: Agnes Morton, PHN; Ahimsa Sumchai, M.D.; and Peter Varnet, R.N. The Koshland awards are given annually to recognize outstanding community leaders who are not only risk-takers, but social innovators who accept the most stubborn neighborhood problems as a personal challenge and work to build healthy and productive neighborhoods. As award recipients, they will receive a one-time personal award of $1,500, in addition to a $5,000 annual award for five years to designate to the charitable endeavor or non-profit agency of their choice.

SAN FRANCISCO GENERAL HOSPITAL

Materials Manager

I am pleased to announce the appointment of Dwight Starr as Materials Manager. Dwight has twenty-one years of hospital pharmacy and materials management experience, including six years with a major hospital pharmacy management corporation. Most recently, he served as Director, Materials Services at UCSF Medical Center with responsibility for both Mount Zion and Parnassus Campuses. Dwight will be responsible for the Materials Management function for all DPH

Fire - Ward 94

A fire broke out at SFGH this weekend on the 4th floor, Ward 94 (Building 90). The elevator lobbies and central stairways were damaged in the building. The 4th and 5th floors suffered the majority of damage, estimated at $90,000. No one was injured in the fire. The cause of the fire is unknown at this time. The San Francisco Fire Department has begun an investigation. We will keep you updated as the investigation proceeds.

Garage
Final preparations are underway for demolition of the existing Muni structure at the 24th and Utah site. Construction barricades were constructed around the perimeter of the site on February 14th. The plywood barricades include a covered, lighted walkway to facilitate ease of pedestrian traffic. Actual demolition of the site begins today and will last approximately three weeks. Excavation, in preparation for the garage foundation will follow immediately. This process will last approximately two months. Completion of the garage is scheduled for July, 1996.

Diversion Statistics
No diversions occurred between February 1-12, 1995.

COMMUNITY PUBLIC HEALTH SERVICES

Homeless Programs

I am pleased to announce the appointment of Barbara Cowan as the new Director of Homeless Programs. Ms. Cowan comes to us with impressive credentials. She not only founded and directed the Health Care for the Homeless Program for the Alameda County Health Department, but also authored the first long-range plan addressing homelessness for Alameda County. She has been working on homelessness and health care for the past eight years.

Ms. Cowan earned her Masters in Public Health at the University of California, Berkeley. In her new capacity, she will oversee Homeless Programs within Community Public Health Services, which encompasses the Tom Waddell Clinic and a dozen satellite locations. We are fortunate to have someone with her qualifications take over such an important position. I want to take this opportunity to welcome her to the Department, and I look forward to working with her.

SUBSTANCE ABUSE

Drug Court Training/Conference

The San Francisco Target Cities Project of CSAS is holding a conference on March 9 and 10, "The San Francisco Drug Court and Jail Based Services, Responding to a Changing Criminal Justice System". This conference is co-sponsored by the Center for Substance Abuse Treatment and the San Francisco Sheriff's Department.

Workshops include:

- Vision and Directions
- Designing Drug Courts
- Treatment in Jails
- The Role of a Drug Court Professional
- Operation of Drug Court
- Latino Incarcerated Population
- Understanding and Working with the African American Jail Population
- Understanding Addiction and Relapse

The goals of this conference are: to inform essential criminal justice personnel and community providers of current changes in the criminal justice system and promote their support and participation in the changes; to provide the opportunity for collaboration among criminal justice personnel and community based providers; and to explain the S.F. Target Cities criminal justice initiative and how it is supportive of the continuum of treatment for the inmates in all of the S.F. County Jails.

JANUARY STATISTICS

AIDS Statistics (from 7/1/81 to 1/31/95)

Total San Francisco cases:	20,811
Total San Francisco deaths	13,760
Total S.F. cases for January	168
Total S.F. deaths for January	118

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	285.6
Newborn Nursery:	15.6
Actual Patient Days (except newborns)	8,853
Newborn Nursery:	485
Admissions (except newborns):	1,470
Newborn Nursery:	134
Average Length of Stay (except newborns):	6.2
Newborn Nursery:	3.3
Discharge Patient Days (except newborns):	9,090
Newborn Nursery:	434
Discharges (except newborns):	1,462
Newborn Nursery:	130

Outpatient Visits

Primary Health	9,780
Family Health:	2,961
General Medicine:	1,905
Pediatric:	3,032
OB/GYN:	1,882
Specialty Clinics:	10,776

Emergency Activities

Non-Admid to Emerg. Dept Visits:	5,032
ED Admissions:	882
Psychiatric Emergency Services:	352
Psychiatric Emergency Admissions:	141

Laguna Honda Hospital

All Beds	1143
Acute Services	11
SNF Services	1110
AIDS/Hospice SNF	22

Mental Health	80
Number of Patients at SFGH:	12
Number of Medically Complex	3
Number Total Care	3
Number HIV	2
Number AIDS	4
Number Community Beds	

CPHS - Primary Care Visits for Health Centers

Health Center #1:	**Due to the relocation of CPHS Billing Unit to their new site at SFGH, January stats are not available.**
Maine Hall Health Center:	
Health Center #3:	
Health Center #4:	
Health Center #5:	

Tom Waddell Clinic:	2,849
Potrero Hill Health Center:	
Southeast Health Center:	
Special Programs for Youth:	2,276
TOTAL VISITS:	5,125

Disease Control

TB Clinic:	1,601
City Clinic:	1.777

SSI Clinic FYTD Summary 7/1/94 to 1/3195

Referrals to Triage	1,632
No Shows	88
Seen by Triage	1,544
Homeless	411

Significant Findings of Unemployables:	
Medical Problems	343
Psychological Problems	730
Med & Psych Problems	25
Employability Ratings	
Employable: Workfare/ Job Search	271
Indeterminate: Pt. Referral	175
Temp Unemployable: ReEval Triage	1,003
Perm Unemployable: Advocacy Unit	95

Advocacy Unit	
Total Caseload	
Active Cases	50
Inactive	50
Referrals into Intake	145
No Shows	6
Seen by Intake	139

Advocacy Activity	
Initial SSI/SSA Applications Completed	44
Pending SSI/SSA Application Case Managed	95
Recouped GA Expenditures for December 1994	$135,382

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 1/28/95			*Year-to-Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	697	220	140	697	220	140
Campylobacteriosis	41	32	43	41	32	43
Giardiasis	12	38	23	12	38	23
Hepatitis A	20	13	23	20	13	23
Hepatitis B	6	3	3	6	3	3
Salmonella	12	8	17	12	8	17
Shigella	23	13	16	23	13	16
TB	25	20	14	25	20	14
Gonorrhea	169	144	110	169	144	110
Syphilis	18	4	2	18	4	2

* Resident cases only.

January Statistics 1995 Community Substance Abuse Services	
Persons on Wait List on Last Day	612
Daily Census on Last Day	6,628
Outpatient Visits Provided (December)	42,731
Residential Days Provided (December)	12,963

Source: SFDPH, CSAS, Epidemiology Unit, compiled by Frank Patt and Al Abramowitz 2/16/95

5) CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION RULES OF ORDER

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Ripple) adopted amendments which reflect a change in the Commission Committee structure as part of compliance with the Sunshine Ordinance.

For a copy of the Rules of Order, contact the Commission Office (554-2666).

6) PRESENTATION ON THE EMERGENCY MEDICAL SERVICES RESPONSE TIMES

Abby Yant, EMS Agency, and Pippa Amick, Paramedic Division, presented information on:

- Report of Current Response Times
- Paramedic Division Corrective Action Plan Status
- EMS Configuration Study

Their recommendations included:

- Continue to monitor system response times
- Continue to monitor implementation of the Paramedic Division Corrective Action Plan
- Continue to monitor Paramedic Division response times
- Continue to monitor private ambulance response times
- Investigate setting standard for first responder response times
- Evaluate patient outcome of Code 3 life threatening calls which exceed response time standard

Ms. Yant provided corrected response times of the San Francisco Fire Department.

Commissioner Kaufman encouraged the Paramedic Division to provide statistics to the EMS Agency in a timely fashion. The Paramedic Division is striving towards a two-week turnaround time.

Public Speakers: Dr. Marc A. Snyder, S.F. Emergency Physicians Association.
Lt. Anthony Smerdel. S.F. Fire Department, presented the 1994 Response Times of the Fire Department.

Commissioner Chow commented that it would be appropriate to have Dr. Doug Goldman, who recently resigned as interim EMS Agency Medical Director, submit his written comments since he was unable to attend today's meeting.

President Jackson commended the EMS Agency and Paramedic Division in addressing the response times.

7) **TIME SPECIFIC AT 5:00 p.m.:**

Public Hearing , in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact on health care services of the community from the California Pacific Medical Center's transfer of five senior programs to On Lok, Inc. The five senior programs located at 225 - 30th Street are:

- **Adult Day Health**
- **Certified Outpatient Rehabilitation Facility**
- **Senior Center**
- **Day Care for Alzheimer's Patients**
- **Nutrition Programs**

Judith Stevenson, CPMC Administrator, presented an overview of the five senior programs being transferred to On Lok, Inc. (Attachment A). Effective July 1, 1995 the building and senior programs housed within the 225 - 30th Street site will be owned and run by On Lok, Inc. The goal is to have no disruption in services to participants in the program or to the community.

Public Speakers: (In support of the transfer)
Jennie Chin-Hansen, On Lok
David Ishida, Commission on the Aging
Adele Corvin, Adult Day Health Care Network
Mrs. Harris, Bernal Heights resident

As part of compliance with the Health Care Planning Ordinance, within seven days of the adjournment of this hearing, any interested persons may submit to the Health Commission additional written information relating to matters discussed at the hearing, and that information shall become part of the record before the Health Commission. At a subsequent meeting (March 7, 1995), the Health Commission shall make findings based on evidence and testimony from the public hearing and submitted written material that the proposed action will or will not have a detrimental impact on health care service of the community.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, MARK ESTRADA VS. CCSF, SUPERIOR COURT #947-989, FOR A RECOMMENDED SETTLEMENT OF $19,000

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Ripple) approved the settlement.

The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Ripple) decided not to disclose any information from the Executive Session.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

CALIFORNIA
PACIFIC
MEDICAL CENTER

ATTACHMENT A

SENIOR SERVICE PROGRAMS

The 30th Street Senior Center is San Francisco's largest multipurpose Senior Center serving over 2,000 elders each year. Activities include health screenings, exercise, recreational and social services. A staff of approximately 57 is supported by over 56, 000 volunteer hours annually to make this program a success.

Adult Day Health Care is licensed by the California Department of Health Services to provide health, rehabilitative and social services to over 240 frail/disabled patients annually who would otherwise be institutionalized (14,373 patient days were proved in 1992). Staff includes nursing, social worker, physical, occupational and speech therapists, nutritionists, and a geropsychiatrist. The program also provides training to psychiatry residents and student interns from various disciplines.

The **Alzheimer's Day Care Resource Center** was designated by the California Department of Aging as San Francisco's first such service. This program cares for individuals suffering from dementia in a structured, secure and specially designed environment and provides respite, support and educational services to their family caregivers.

The **Outpatient Rehabilitation Program** is licensed by the Department of Health Services as a Comprehensive Outpatient Rehabilitation Facility (CORF) to provide specialized geriatric rehabilitation.

Nutrition and Home Delivered Meals provides over 3,600 elders with hot meals and nutritional counseling each year. Seniors are served meals prepared and served by staff and volunteers at eight dining room throughout San Francisco. For those homebound seniors unable to get to the dining rooms hot meals are delivered directly to their homes and their status is monitored by regular staff contact.

California Campus
3700 California Street
(415) 387-8700

Mailing Address
P.O. Box 7999
San Francisco, California 94120

Pacific Campus
Clay at Buchanan Street
(415) 563-4321

Member of California Healthcare System

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

1195

NOTICE

SPECIAL PUBLIC HEARING

Public Hearing , in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact on health care services of the community from the California Pacific Medical Center's transfer of five senior programs to On Lok, Inc. The five senior programs located at 225 - 30th Street are:

- Adult Day Health
- Certified Outpatient Rehabilitation Facility
- Senior Center
- Day Care for Alzheimer's Patients
- Nutrition Programs

Tuesday, February 21, 1995
Time Specific: 5:00 P.M.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

1/18/95

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
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Michael D. Shriver
Commissioner

HEALTH COMMISSION
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Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

March 7, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 21, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of a request to appropriate $991,116 ($990,862 from interest earnings plus a remaining $254 on reserve) for additional upgrades to the new Mental Health Rehabilitation Facility

(3.2) CHS - AIDS - Renewal contract with Baker Places, Inc. in the amount of $353,969, for the provision of permanent supportive congregate housing, substance abuse and mental health counseling, outreach, assessment, and case management services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Baker Places Inc. for services totaling $3,778,684 in FY 1993-94).

(3.3) CHS - AIDS- Sole Source request and Contract Modification with Lutheran Social Services, in the amount of $84,240 per year, for the provision of rental subsidies and financial management services to Native Americans, for the period of March 15, 1995 through June 30, 1998. (DPH contracted with Lutheran Social Services totaling $47,042 in FY 1993-94).

(3.4) CHS - AIDS - Renewal contract with Mission Neighborhood Center, in the amount of $286,595 to provide early intervention services for persons with HIV, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Neighborhood Center for services totaling $825,094 in FY 1993-94).

(3.5) CHS - AIDS - Renewal contract with the Black Coalition on AIDS, in the amount of $125,000, for the provision of prevention and education services to African Americans, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco Black Coalition on AIDS for services totaling $628,184 in FY 1993-94).

(3.6) CHS - AIDS - Renewal contract with the Iris Center: Women's Counseling and Recovery Services, in the amount of $92,293 for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Iris Center: Women's Counseling and Recovery Services for services totaling $1,053,973 in FY 1993-94).

(3.7) CHS - AIDS - Renewal contract with California Pacific Medical Center, in the amount of $1,396,899, for the provision of AIDS Hospice and Home Care and MIA Home Care, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94).

(3.8) DMS - CMHS- Renewal contract with M.V. Transportation in the amount of $73,450 to provide back-up Psychiatric Transportation Services for the period of July 1, 1994 through June 30, 1999. (DPH contracted with M.V. Transportation for services totaling $73,450 in FY 1993-94).

(3.9) DMS - CMHS - Adult Care - First modification to the contract with St. Francis Memorial Hospital to add additional funding in the amount of $39,748 to provide additional units of 24-hour acute psychiatric inpatient services to adult patients for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Francis Memorial Hospital for services totaling $156,750 in FY 1993-94).

(3.10) DMS - CMHS - Geriatrics - Renewal contract with the County of San Mateo in the amount of $487,702 to provide 24-hour Skilled Nursing Facility for the period of July 1, 1994 through June 30, 1998. (DPH contracted with of San Mateo County Department of Health Services-MHSD for services totaling $1,323,264 in FY 1993-94).

(3.11) DMS - CMHS - Adult Community Services - First modification to the contract with Richmond Area Multi-Services, Inc. in the amount of $155,890 to provide Multilingual Mental Health Services to residents of San Francisco for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Richmond Area Multi-Services , Inc. for services totaling $1,875,434 in FY 1993-94)

(3.12) DMS - CMHS - Adult Community Services - First modification to the contract with St. Mary Pharmacy Management Services in the amount of $200,000 to provide additional units of community-based pharmacy services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary Pharmacy Management for services totaling $538,120 in FY 1993-94).

(3.13) DMS - CSAS - First modification to the contract with Bay Area Addiction Research and Treatment (BAART) in the amount of $1,929,668 to augment methadone maintenance services pursuant to Sobky v. Smoley and restore "forfeiture"/waiting list funds for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Bay Area Addiction Research and Treatment Inc. for services totaling $1,660,765 in FY 1993-94).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández)

5) **UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96**

6) **CONSIDERATION OF WHETHER THE TRANSFER OF CPMC'S FIVE SENIOR PROGRAMS TO ON LOK, INC. WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**

7) **PRESENTATION AND CONSIDERATION OF THE CONTINUUM OF CARE HOMELESS PLAN OF THE MAYOR'S HOMELESS BUDGET ADVISORY TASK FORCE - Liz Resner, Mayor's Office**

8) **PROP Q HEARING FOR CPMC'S MENTAL HEALTH PROGRAMS**
TIME SPECIFIC: 5:00 P.M.

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 7, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

Present:	Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Margel F. Kaufman
Absent:	Commissioner Edward A. Chow, M.D. Commissioner Helen B. Ripple, R.N., M.S.N. Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 21, 1995

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman) adopted the minutes of February 21, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) Consideration of a request to appropriate $991,116 ($990,862 from interest earnings plus a remaining $254 on reserve) for additional upgrades to the new Mental Health Rehabilitation Facility

(3.2) CHS - AIDS - Renewal contract with Baker Places, Inc. in the amount of $353,969, for the provision of permanent supportive congregate housing, substance abuse and mental health counseling, outreach, assessment, and case management services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Baker Places Inc. for services totaling $3,778,684 in FY 1993-94)

Commissioner Kaufman requested to be kept abreast of progress on follow-up to the evaluation.

(3.3) CHS - AIDS- Sole Source request and Contract Modification with Lutheran Social Services, in the amount of $84,240 per year, for the provision of rental subsidies and financial management services to Native Americans, for the period of March 15, 1995 through June 30, 1998. (DPH contracted with Lutheran Social Services totaling $47,042 in FY 1993-94) .

(3.4) CHS - AIDS - Renewal contract with Mission Neighborhood Center, in the amount of $286,595 to provide early intervention services for persons with HIV, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Neighborhood Center for services totaling $825,094 in FY 1993-94).

(3.5) CHS - AIDS - Renewal contract with the Black Coalition on AIDS, in the amount of $125,000, for the provision of prevention and education services to African Americans, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco Black Coalition on AIDS for services totaling $628,184 in FY 1993-94).

> Commissioners Kaufman and Castaneda indicated that they would not support any cash advance policy to employees.
>
> Commissioner Kaufman requested the Department to look at this issue and bring back a proposed Departmentwide policy for consideration.

(3.6) CHS - AIDS - Renewal contract with the Iris Center: Women's Counseling and Recovery Services, in the amount of $92,293 for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Iris Center: Women's Counseling and Recovery Services for services totaling $1,053,973 in FY 1993-94).

> Commissioner Kaufman requested a written clarification on whether reports have been submitted to the AIDS Office in a timely fashion.

(3.7) CHS - AIDS - Renewal contract with California Pacific Medical Center, in the amount of $1,396,899, for the provision of AIDS Hospice and Home Care and MIA Home Care, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94).

> Aubrey Serfling, CEO of California Pacific Medical Center, introduced CPMC Board member, Anne Thornton, who reported two Asians out of 15 are on the Board of Directors. The Board is working on adding a third minority by the end of 1995.
>
> Commissioners Jackson and Kaufman commended the contractor for their continued efforts toward compliance.

(3.8) DMS - CMHS- Renewal contract with M.V. Transportation in the amount of $73,450 to provide back-up Psychiatric Transportation Services for the period of July 1, 1994 through June 30, 1999. (DPH contracted with M.V. Transportation for services totaling $73,450 in FY 1993-94).

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1995. (DPH contracted with St. Francis Memorial Hospital for services totaling $156,750 in FY 1993-94).

Commissioner Kaufman commended the Hospital for its change in the Board composition and encouraged the Board to continue its progress.

(3.10) DMS - CMHS - Geriatrics - Renewal contract with the County of San Mateo in the amount of $487,702 to provide 24-hour Skilled Nursing Facility for the period of July 1, 1994 through June 30, 1998. (DPH contracted with of San Mateo County Department of Health Services-MHSD for services totaling $1,323,264 in FY 1993-94).

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Commissioner Kaufman recommended approval after receiving a copy of the State Audit on BAART.

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman) approved the Consent Calendar of the Budget Committee, with specifics for #3.5, 3.6 and 3.13.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández)

PERSONNEL CHANGES

Director of Planning Appointment

I am pleased to announce the appointment of Mr. Michael V. Johnson as the Department's Director of Planning. Mr. Johnson served as a Senior Health Planner in the DPH, AIDS Office early in his career His most recent professional experiences have been with the Kaiser Foundation Hospitals, Richmond, California and the Kaiser Foundation Health Plan in Oakland. Mr Johnson brings a wealth of planning experience from his past employments. As Director of Planning, he will serve as a member of the Department's Executive Staff and Executive Budget Committee. He will begin his duties March 27th.

Assistant Director of Planning Leave of Absence

Abner Boles, the Assistant Director of Planning for Children, Youth and Families announced yesterday that he will begin a year's leave of absence beginning the end of March. Prior to his appointment in the Planning Department, Abner served as the Director of the Family Mosaic Project. Abner is taking the leave to spend more time with his family, and to begin a private consulting business. We wish him well in his new endeavors.

MANAGED CARE

San Francisco Health Authority

On Wednesday, March 1, 1995 the San Francisco Medi-Cal Managed Care Local Initiative officially became the San Francisco Health Authority with the swearing in of the Health Authority's Governing Body members. The Health Authority is now legally authorized to take official action. Members of the Governing Body were voted in as officers: Dr. Sandra Hernández as Chairperson, Dr. David Soffa as Vice-Chairperson and Mr. Jack Fries as Secretary /Treasurer. The Health authority has begun the official process of selecting a name for its provider network through the State Department of Corporations. The Health Authority also adopted its governing by-laws at its March 1, 1995 meeting.

Capitation Rates

On Friday, March 3, 1995 the State Department of Health Services released the capitation rates for Local Initiatives providing services under Medi-Cal Managed Care. The rates were established on a county-wide basis in five different Medi-Cal aid categories: family, aged, disabled, child and adult. The capitation rates are for two periods - from July 1, 1995 to May 31, 1996 and from June 1, 1996 to September 30, 1997.

The July 1995 to May 1996 capitation rates will be used by local initiatives which become operational before the two-plan (scheduled for March 1996 (the start date of the two-plan model). Release of the rates will enable the San Francisco Health Authority to develop provider contracts and perform necessary financial analysis of its revenue stream under capitation. On March 15, 1995, the State will release the Capitation Rate Manual with complete details explaining the methodology used to derive the capitation rates.

These rates do not apply to the commercial plans contracting under Medi-Cal managed care. The State has developed different capitation rates for the commercial plans. The Department has received the capitation rates which will be given to commercial plans and overall, they are slightly lower than the rates which will be received by the local initiatives.

Managed Care Implementation

The State Department of Health Services released its official written response to questions posed at the bidder's conferences for the commercial plan Request for Application. We are in the process of reviewing the document to determine if the State has revised any of its policies and/or positions on the implementation of Medi-Cal managed care.

The Department has been unofficially informed that some commercial plans have requested additional time to fully respond to the Medi-Cal Managed Care Request for Application. The deadline for submitting the RFA is March 30, 1995. Commercial plans have requested additional time to adequately respond to information recently released from DHS. It is my understanding that the State is taking this request under consideration. It is unclear at this point, how much additional time would be granted or if granting additional time would alter the managed care implementation timetable.

The Department will be submitting a letter of intent to PacifiCare for their mainstream application to the State consistent with the policies previously approved by the Commission. The Department believes that participation in the mainstream provider network is critically important to the viability of San Francisco General Hospital.

PacifiCare - PHP Implementation Update

PacifiCare has established enrollment stations at Health Center No. 3, Potrero Hill Center and at four C & C check cashing establishments (i.e. Haight, Bayview, Tenderloin and Mission areas). As of February 28, 1995, 128 recipients had been enrolled in PacifiCare. Of those, 71 chose either Health Center No. 3 or Potrero Hill and the remaining 57 chose UCSF. In addition to the enrollment stations, PacifiCare will be marketing services to recipients at community events. PacifiCare does not enroll beneficiaries via door-to-door marketing.

Foundation Health Plan

The State Department of Health Services started the decertification process for six Foundation Health marketers. The action was taken against marketers who had fraudulently enrolled Medi-Cal beneficiaries into Foundation Health Plan. If the marketers lose their appeal for reinstatement, they will be permanently banned from marketing door-to-door to Medi-Cal beneficiaries for any prepaid health plan in the State.

Two complaints have been filed against Foundation Health Plan (one complaint lists the State DHS as a co-defendant). Both complaints were filed in San Francisco Superior Court on behalf of Medi-Cal recipients who were persuaded to enroll in Foundation as a result of misrepresentations by door-to-door marketers. One suit was filed by San Francisco Neighborhood Legal Assistance Foundation, Chavez & Gertler and Consumer's Union and the other by the law firm of Feldman, Waldman & Kline. Consumer's Union seeks full restitution on behalf of the general public for all funds received by Foundation as a result of fraudulent marketing practices.

Plaintiffs are seeking the following relief and restitution:

- preliminary and permanent injunction against the State, compelling it to comply with the legislative provisions governing State oversight of marketing activities by managed care plans;
- preliminary and permanent injunction enjoining Foundation from engaging in acts of unfair competition;
- wrongfully received by Foundation as a result of its marketing activities and compelling Foundation to offer immediate disenrollment to all Medi-Cal beneficiaries enrolled as a result of unlawful conduct, and;
- compensatory and punitive damages from Foundation Health

A hearing on the two preliminary injunctions is scheduled for March 16, 1995. I will inform the Commission of the judge's ruling on this motion and any subsequent information as the lawsuits move through the judicial process.

SAN FRANCISCO GENERAL HOSPITAL

Garage

The long-awaited demolition of the existing MUNI structure at the 24th and Utah site was completed last week. The major structure was reduced to rubble in 3 days. The steel roof truss will be dismantled separately.

The next phase of the project

Nursery

SFGH's newly remodeled Neonatal Intensive Care Unit and Nursery will be opening sometime in May. The new nursery will offer an exciting state-of-the art environment for our patients and staff.

The new unit will have 30 intensive care beds that are adaptable to all levels of care, and a 15-bed well-baby nursery. In addition to typical support functions, the new space incorporates special family care areas such as a family sleep room, a family restroom/shower, and a breast feeding room.

We'll keep you informed of the progress in upcoming reports.

Diversion Statistics

In February, Critical Care diverted 48 hours or 7.1%. Average census at time of diversion was 23 patients. The House census hit a high of 244 on Saturday, February 25.

LAGUNA HONDA HOSPITAL

Staff Awards

Rudy Nothenberg, the Chief Administrative Officer, announced awards for three LHH staff:

- Arturo DeLeon, Industrial Hygienist, has been chosen to receive a Safe City award for his efforts to minimize hazardous waste generated and reduce associated costs at LHH.
- Steve Koneff Klatt and Sal Tandoc, Director & Associate Director of Nutrition Services, respectively, have been chosen to receive awards in recognition of their efforts in 1994 to reduce the amount of waste disposed by LHH and to increase the amount recycled.

Best Practices Award

The State Department of Health Services has announced that Laguna Honda has been awarded one of its Best Practices Awards. The Awards highlight ongoing programs worthy of replication throughout the State. The Award will be presented to the Nursing Division for its submittal of its Long Term Care Cultural Diversity Program, "Beyond Languages: The Celebration of Cultural Diversity in Long Term Care".

1995 Youth Service Day

Laguna Honda has been selected as the primary site for San Francisco's 1995 Youth Service Day. The event is sponsored by the San Francisco Volunteer's Council and is scheduled for Saturday, April 22nd. More than 200 young San Franciscans are expected to volunteer a day of their time to perform a variety of landscaping and environmentally important projects on the Hospital campus. The event will be highlighted by an appreciation picnic sponsored by local businesses. This event is part of the ongoing collaboration between Laguna Honda Hospital and the greater San Francisco community.

Annual Employee Picnic

Laguna Honda will celebrate its annual employee picnic at Marine World USA in Vallejo on Saturday, April 22nd. Sponsored by Laguna Honda, this event is open to all employees and friends of the Department of Public Health and the City and County of San Francisco. The corporate picnic site has been reserved for this year's event. Unlimited food and beverage along with admission to all events is included in the picnic of $23.75 for adults and $19.75 for children. Tickets must be purchased in advance.

COMMUNITY PUBLIC HEALTH SERVICES

SF African-American Coalition on Health Care

Willie Brown gave the keynote address at a Black History Month Celebration at Ella Hill Hutch Community Center, February 25, 1995. The community health fair event was sponsored by a group of community organizations and agencies, including Maxine Hall Health Center and Southeast Health

Center. The focus of the event was "Coming Together for Health Care." Willie Brown spoke about affirmative action and encouraged community members to be politically active around this issue and all issues relevant to the African American community. Dr. Melissa Welch of UCSF spoke on improving health services to African-Americans and stressed the importance of empowerment to achieve improved health. In addition, Chief Priest Eiebuibon of Nigeria spoke about alternative medicine.

Burglary at Health Center No. 5

On Tuesday, February 21st, there was a break-in at Health Center No. 5. A television and VCR were stolen from the WIC room. Nothing else was reported missing, although plants were knocked over and two inside locked doors were kicked in. Entry was apparently through two windows on the ground floor.

Staff were reminded of the need to observe all security measures, and a request was submitted to Steve LaPlante to install an alarm system at the health center.

EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

CARE Funds

San Francisco received an additional $31.9 million of CARE funds for 1995. This money, in addition to the $14.9 million of CARE funds currently available for the 1995 year, will provide a total of $46.8 million for the period January 1, 1995 through April 3, 1996, the end of the CARE authorization. This award will allow continuation of existing CARE funds in San Francisco. This award was made possible by full expenditure of calendar year 1994 funds by the AIDS Office with the support of numerous community-based organizations as well as departmental divisions. DPH owes special gratitude to Representative Pelosi for preventing a recision of CARE funds.

The fate of CARE funding for San Francisco beyond April 1996 remains unknown. While we are hopeful that CARE will be authorized, it is likely that changes in the formula for distributing money to localities will result in a decrease in AIDS funding to San Francisco.

HOPWA Funding

While CARE is funded for FY 95, funding for HUD's Housing Opportunities for People with AIDS has not been restored. Currently, the San Francisco Eligible Metropolitan Area (EMA) receives approximately $12 million a year of HOPWA funds. If this program is eliminated, many valuable programs will be lost. This includes over 200 housing subsidies for low income persons with HIV and a number of residential programs which were relying on the HOPWA funding to bring their facilities up to the appropriate level of licensure. It should be noted that even with HOPWA funding the AIDS Office has a housing waiting list of over 1600 low income HIV-infected persons who are currently inadequately housed.

Needle Exchange

On Friday, February 24th, the Sacramento Superior Court ruled on the legality of the county's proposed needle exchange program. The Sacramento County Board of Supervisors had adopted a resolution authorizing the County Health Officer to implement the program. The County then filed a lawsuit seeking a determination by the Court that the program would be lawful. The Court held that State laws regulating needles preempt local regulation, whether such regulation is undertaken under the authority of health officials or under the county's exercise of its police power. While this ruling is discouraging for needle exchange advocates, it does not directly affect the San Francisco needle exchange program. Our program is under the authority of a State of Local Emergency, declared by the Mayor, with concurrence of the Board of Supervisors.

MENTAL HEALTH SERVICES/ SUBSTANCE ABUSE

Chateau Agape Update

Since the fire at the Chateau Agape in June 1994 the owners, operators, and representatives of the City have been working toward reopening the facility by August 1, 1995. At this time the financing for the rehabilitation of the building has been largely secured through insurance repayments and Community Development funding made available from the Mayor's Office of Housing. Westside Mental Health, the operators of the facility, have met with the owners (the Loopers) and assured them that strict no-smoking premises rules will be enforced. The Aids Office is prepared again to fund the program beginning July 1995. Twenty-five beds with 15 dedicated to persons with HIV and mental illness will be back on line when Chateau Agape reopens in August.

Residential Care Homes

The Division of Mental Health is in the process of negotiating a simplified rate structure for residential care operators who provide board and care services to mentally ill persons. The proposal will reduce paperwork requirements and offer incentives for operators.

EMERGENCY MEDICAL SERVICES

EMS Agency Medical Director

Over the last year, I have been convinced that the restoration of a full time EMS Agency Medical Director position is desirable. The Department has conducted an aggressive recruitment effort and is considering qualified candidates to fill this important position. We hope to be able to announce an appointment in the very near future. During this interim period, I have asked Dr. Mitchell Katz to assume the responsibilities of the EMS Agency Medical Director.

I would like to thank Douglas Goldman, M.D., FACEP, who served as part time interim Medical Director for the Emergency Medical Services Agency from December 1993 until last month. During his tenure he worked with the Department to ensure that the response time standards set by the EMS Agency were met by the Paramedic Division. Dr. Goldman also pushed for the formal review of EMS System configuration which the Department is actively pursuing.

FORENSIC SERVICES

CJ8 - New Jail

As you may remember, the newly constructed County Jail at 850 Bryant Street (CJ8) housing 440 prisoners opened in December 1994. Upon opening, all prisoners housed out of county were returned to San Francisco. In addition to the additional capacity, the new facility houses a medical clinic, 76 bed infirmary, mental health and sheltered living units. The staffing and operation of these new health services have proceeded in a relatively smooth and problem-free manner largely attributable to the excellent planning and commitment of the Forensic's and Sheriff's staff to make the new units work.

Effective January 1995, Jail Health Services transitioned from 10-hour shifts to a combination of 8 and 10 hour shifts. At the same time, the staffing mix was broadened to include Licensed Vocational Nurses. Dramatic changes in staffing mix and hours proceeded on schedule.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Health Risk Assessment Planned for BVHP Area

Representatives of the BVHP community have requested DPH's assistance in performing a health risk assessment for the BVHP area. Over the years, this area has been the location of hundreds of businesses utilizing hazardous materials and generating hazardous wastes. It is the location of the City's major PG&E power plant and superfund site (BVHP shipyards). Air, ground and water contamination have all been documented throughout the area. Many residents believe that they are suffering adverse health effects directly related to the toxic contamination that exists.

Accordingly, the Department is prepared to reallocate in-kind resources in the form of staff with expertise in epidemiology, planning, hazardous materials and wastes, toxics, health education, nutrition, child and family health, among others. This team will: (1) assess the health and environmental conditions. and (2) propose a plan of action based upon the health/environmental assessment of the Bayview Hunters Point.

President Jackson stated that the Commission affirms and supports the direction of Dr. Hernández in sending a letter of intent with PacifiCare. Not only does the Department already have a relationship with PacifiCare, but also, it appears that PacifiCare would have the capabilities to address the diversity of our patients in the City and County of San Francisco.

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

Dr. Hernández gave a progress report on the Department's further detailing of the FY 1995-96 budget proposal to the Mayor. For a copy of this update, call the Commission Office (554-2666). She also provided the latest information on the Federal and State budgets and their potential impact on San Francisco.

In the area of productivity increases, she reported the following:

The Department submitted its 1995-96 budget with approximately $10.2 million undetailed reductions. At this time it is the Department's belief that we can identify productivity increases and avoid using service reductions to balance our budget. Divisions have created working groups with staff assistance to develop the details for implementing productivity ideas. The Department has had ongoing discussions with labor organizations regarding our budget and will continue to meet as details of our budget unfold. In addition, Deloitte and Touche is now working with the Department and has been successful in identifying initiatives to enhance revenues and reduce costs. Undetailed reductions are allocated by Division in the following manner:

CHS	$ 1.7 million
DMSF	$ 1.9 "
SFGH	$ 6.6 "
Total:	$10.2 million

Proposals under review include:

CHS

- Increased revenues through Medicare FQHC and home health billing
- Renegotiation of contracts with community agencies
- Improving eligibility and billing
- Increased productivity
- Improved operating efficiencies

DMSF

- Productivity standards to improve efficiency and service delivery
- Administrative reorganizations
- Elimination of vacancies

SFGH

- Revising the method of physician compensation in accordance with the Affiliation Agreement with UCSF
- Inpatient productivity enhancement
- Administrative reorganizations and reductions

The Department's move towards Managed Care, both, necessities and provides the opportunity for us to shift dollars and programs not only to create savings but to better reflect our goal of establishing an integrated continuum of health care delivery system.

Dr. Hernández reported to the Commission that the Department will bring to the March 21, 1995 Commission meeting any proposed further reductions in Department of Public Health programs and services for FY 1995-96.

Commissioner Kaufman encouraged the productivity to be based on measurable and quantifiable objectives and standards. She strongly supports giving evaluations to employees and requested the Department to look at a potential policy for a Departmentwide approach for evaluations. Dr. Hernández will discuss this issue with her Executive Staff and bring back a proposed resolution on supporting managers to evaluate their employees.

6) CONSIDERATION OF WHETHER THE TRANSFER OF CPMC'S FIVE SENIOR PROGRAMS TO ON LOK, INC. WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman) adopted Resolution #5-95, "Determining Whether the Transfer of California Pacific Medical Center's (CPMC) Five Senior Programs to On Lok, Inc. Will or Will Not Have a Detrimental Impact on Health Care Service of the Community", (Attachment A).

7) PRESENTATION AND CONSIDERATION OF THE CONTINUUM OF CARE HOMELESS PLAN OF THE MAYOR'S HOMELESS BUDGET ADVISORY TASK FORCE - Liz Resner, Mayor's Office

Liz Resner of the Mayor's Office of Community Development gave an overview of the Continuum of Care Plan, which is a comprehensive 5-year plan for assisting individuals and families who are homeless or at risk of being homelessness.

The major goals of the plan are to:

1. Provide a coordinated and integrated system of health care, housing, employment, and support services and resources to prevent and reduce homelessness among individuals and families in San Francisco.

2. Establish a mechanism to ensure that the Continuum of Care Plan governs and guides all homeless policy and budget decisions in San Francisco.

The Continuum consists of five components: prevention, emergency services, transitional housing and services, permanent housing, and follow-up and support services

The recommendations of the Plan include:

1. A five-year housing productions plan to provide housing and support services to every low income people.

2. Integrated and expanded substance abuse, mental health and primary health care services.

3. Centralization and computerization of information to provide more immediate, accessible and effective service delivery.

4. Prevention programs such as family support centers to provide early intervention to reduce homelessness among families with children.

5. Employment strategies to create new jobs, and more effectively use mainstream training programs to increase skill development, job training and job placement.

6. Improved coordination between City departments to eliminate barriers to efficient service delivery and to ensure accountability and monitoring of the Plan.

Ms. Resner reported that the goal of the Plan is to ensure that the Continuum of Care is endorsed by the Mayor and the Board of Supervisors as the official Homeless Plan for the City and County of San Francisco. The Continuum of Care must be the long range strategy which governs and guides all homeless policy and budget decisions in San Francisco. This authority is essential to executing the recommendations of the Plan. The Plan requires the establishment of a local board to govern homeless policy and budget and to promote coordination among City departments, contract agencies and community groups.

Commissioner Kaufman strongly supported the concept of having the Plan as a the City's policy, as opposed to only the Mayor or the Board of Supervisors.

Dr. Hernández commented that while the Department supports the concepts of the Plan and will work collaboratively with other Departments, she cautioned the Commission that the realistic fiscal impact on the Department is still to be determined.

President Jackson thanked Ms. Resner for her presentation

8) PROP Q HEARING FOR CPMC'S MENTAL HEALTH PROGRAMS
TIME SPECIFIC: 5:00 P.M.

Aubrey Serfling, CEO of California Pacific Medical Center, introduced Judith Stevenson, CPMC Community Programs Administrator, who gave an overview of each of the seven mental health programs and the recommendation for how each would be continued Jeff Jue, Deputy Director of Mental Health, and his staff, worked closely with CPMC

1. Adolescent Intensive Residential Services (AIRS).
   An RFP was published December 28, 1994 and a review and selection process was completed February 10, 1995. Service Center/UCSF Langley Porter Psychiatric Institute is being recommended to be the contractor beginning May 1, 1995.

2. Comprehensive Child Crisis Services (CCCS).
   An RFP was published February 15, 1995 and proposals are due March 22, 1995.

3. Geriatrics Day Treatment.
   An RFP bid is in process. There were three responses to the RFP. The goal of the Division of Mental Health is to transfer this program by April 1995.

4. Community Vocational Enterprises (CVE).
   Recommendation is to sole source this contract to S.F. Study Center, who has a track record in fiscal management and business enterprises.

5. Westside Lodge/Day Treatment.
   Recommendation is to sole source this contract to Baker Places, Inc., who has a track record of assimilating and incorporating programs while maintaining their individual identity and increasing their effectiveness.

6. Thunderseed Day Treatment.
   Recommendation is to consolidate this program with Bayview-Mental Health after June 1995. This will allow the program to continue to exist within Cluster III, and provide services to the OMI, Bayview area.

7. Operation Concern.
   Recommendation is to sole source this contract to the newly merged Operation Concern/18th Street Services, which is dedicated to the gay/lesbian/HIV positive population. This would promote administrative streamlining and savings.

President Jackson thanked Jeff Jue and Judith Stevenson for their presentation. Mr. Jue commended Ms. Stevenson for her professional expertise throughout this process of transferring the mental health programs.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-95

DETERMINING WHETHER THE TRANSFER OF CALIFORNIA PACIFIC MEDICAL CENTER'S (CPMC) FIVE SENIOR PROGRAMS TO ON LOK, INC. WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, as part of its Strategic Plan, CPMC will transfer five senior programs to On Lok, Inc effective July 1, 1995; and,

WHEREAS, the five senior programs located at 225 - 30th Street in San Francisco include Adult Day Health, Certified Outpatient Rehabilitation Facility, Senior Center, Day Care for Alzheimer's Patients, and a Nutrition Program, and,

WHEREAS, the 30th Street building would be owned and run by On Lok, Inc., which has a national reputation for its community-based care of the frail elderly and will ensure no disruption in services to participants in the program or to the community; and,

WHEREAS, a public hearing, in accordance with the Health Care Planning Ordinance, was held on February 7, 1995, now; therefore, be it

RESOLVED that the Health Commission determines that the CPMC transfer of the five senior programs to On Lok, Inc. will not have a detrimental impact on health care services to the elderly in the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 7, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

NOTICE

SPECIAL PUBLIC HEARING

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Tuesday, March 7, 1995
Time Specific: 5:00 P.M.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public Hearing , in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community from the California Pacific Medical Center:

The transfer of management of the CPMC-contracted Community Mental Health Programs to various new administrative entities. These programs, which are for the most part being individually placed, include:

- Adolescent Intensive Residential Services (AIRS)
  RFP'd - January 1995
- Comprehensive Child Crisis Services
- Geriatrics Day Treatment - RFP'd - January 1995
- Operation Concern
- Adult Community Services (Westside Lodge/Day Treatment; Thunderseed/Day Treatment and Community Vocational Enterprises/CVE).

All the Community Mental Health Programs operate in leased facilities with transferable options, so services can be maintained and transitioned seamlessly over the next few months.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

March 21, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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MAR 17 1995
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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 7, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Presentation of 2nd Quarterly Report for the Department of Public Health FY 1994-95.

(3.2) CHS - AIDS - Renewal contract with San Francisco Women's Center Inc \LYRIC in the amount of $98,330, to provide HIV Prevention and education's services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco Women's Center, Inc for services totaling $140,653 in FY 1993-94)

(3.3) CHS - AIDS - Renewal contract with Catholic Charities, in the amount of $73,022, to provide residential services to women and their families with HIV, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Catholic Charities services totaling $1,511,993 in FY 1993-94)

(3.4) CPHS - Epidemiology - Sole Source request and new contract with San Francisco Unified School District, in the amount of $115,279 to provide education and immunization against Hepatitis B to seventh grade students, for the period of January 1, 1995 through December 31, 1995

(3.5) DMS - CSAS - Sole source and new contract with Larkin Street Youth Center in the amount of $125,000 and $250,000 per year to provide food and access to overnight shelter, counseling, outreach services, screening for basic health needs, linkage to other services, long-term stabilization planning, and follow-up services to substance-dependent homeless youth for the period of April 1, 1995 through June 30, 1997. (DPH contracted with Larkin Street Youth Services for services totaling $412,371 in FY 1993-94).

(3.6) DMS - CSAS - First modification to the contract with Chemical Awareness and Treatment Services, Inc., in the amount of $306,105 to add Target Cities funding, add work-ordered funds and restore "Forfeiture/Waiting list funds for the period of July 1, 1994 through June 30, 1995, (DPH contracted with Chemical Awareness and Treatment for service totaling $1,761,176 in FY 1993-94).

(3.7) DMS - CSAS - Approval of a new site for use by Westside Inner City Outpatient Services to provide outpatient Drug-Free Services at 973 Market Street.

(3.8) Consideration of a supplemental appropriation for an increase in Disproportionate Share transfer payment up to $20,000,000 for FY 1994-95.

(4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández)

(5) CONSIDERATION OF A RESOLUTION ENDORSING THE HEALTH DEPARTMENT'S PLAN FOR TRANSITIONING EXISTING MENTAL HEALTH SERVICES PROVIDED BY CALIFORNIA PACIFIC MEDICAL CENTER TO OTHER MENTAL HEALTH PROVIDERS.

(6) CONSIDERATION OF A RESOLUTION PROCLAIMING APRIL 3 - 9, 1995 AS PUBLIC HEALTH WEEK.

(7) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

(8) CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO OPPOSE ASSEMBLY BILL 154.

(9) PRESENTATION OF THE MISSION BAY HAZARDOUS WASTE INVESTIGATION AND REMEDIATION PROGRAM CITIZENS ADVISORY COMMITTEE: REPORT TO THE BOARD OF SUPERVISORS.

(10) OVERVIEW OF CHILDREN'S HEALTH SERVICES AND PLANNING INITIATIVES.

(11) TIME SPECIFIC: 5:00 p.m.

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community from the California Pacific Medical Center:

(1) The transfer to Guardian Foundation, a subacute care provider, of the skilled nursing and acute rehabilitation facilities at the Garden Campus of California Pacific Medical Center. The Guardian Foundation would own and run the program, carrying the operating license. CPMC would continue to own the Garden Campus building, which it would lease to Guardian.

(2) Under separate agreement, Guardian would also manage the skilled nursing unit on CPMC's California Campus. CPMC will continue to own this unit also.

(12) EXECUTIVE SESSION:

(12a) Authorized pursuant to Government Code Section 54956.9 consideration of Unlitigated Claim #94-00671, Mid-Century Insurance vs. CCSF (DPH/Mental Health), in the amount of $7,506.88).

(12b) Consideration of a settlement of $100,000 from a Class Action Suit Re: Pleasant Hill Cremation Cases, Superior Court # 943703

(12c) Authorized pursuant to Government Code Section 54956.9: Consideration of Unlitigated Claim # 93-03591, E. Stewart Holland vs. CCSF, in the amount of $6,100.

(12d) Authorized pursuant to Government Code Section 54956.9, consideration of a settlement of Washington vs. CCSF, Case # 945-999, in the amount of $29,000 and waiving a medical lien in the amount of $3,696.44.

(13) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 21, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

Present:
Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Michael D. Shriver

Absent: Commissioner Helen B. Ripple, R.N., M.S.N.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 7, 1995

Action Taken: The Commission unanimously adopted the minutes of March 7, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Presentation of 2nd Quarterly Report for the Department of Public Health FY 1994-95.

(3.2) CHS - AIDS - Renewal contract with San Francisco Women's Center Inc.\LYRIC in the amount of $98,330, to provide HIV Prevention and education's services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco Women's Center, Inc for services totaling $140,653 in FY 1993-94).

Commissioners requested that an early monitoring be done prior to negotiating a contract for FY 1995-96.

(3.3) CHS - AIDS - Renewal contract with Catholic Charities, in the amount of $73,022, to provide residential services to women and their families with HIV, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Catholic Charities services totaling $1,511,993 in FY 1993-94).

(3.4) CPHS - Epidemiology - Sole Source request and new contract with San Francisco Unified School District, in the amount of $115,279 to provide education and immunization against Hepatitis B to seventh grade students, for the period of January 1, 1995 through December 31, 1995.

(3.5) DMS - CSAS - Sole source and new contract with Larkin Street Youth Center in the amount of $125,000 and $250,000 per year to provide food and access to overnight shelter, counseling, outreach services, screening for basic health needs, linkage to other services, long-term stabilization planning, and follow-up services to substance-dependent homeless youth for the period of April 1, 1995 through June 30, 1997. (DPH contracted with Larkin Street Youth Services for services totaling $412,371 in FY 1993-94).

> Commissioner Jackson requested that outreach to minority youth be monitored with this contractor.

(3.6) DMS - CSAS - First modification to the contract with Chemical Awareness and Treatment Services, Inc., in the amount of $306,105 to add Target Cities funding, add work-ordered funds and restore "Forfeiture/Waiting list funds for the period of July 1, 1994 through June 30, 1995, (DPH contracted with Chemical Awareness and Treatment for service totaling $1,761,176 in FY 1993-94).

(3.7) DMS - CSAS - Approval of a new site for use by Westside Inner City Outpatient Services to provide outpatient Drug-Free Services at 973 Market Street.

(3.8) Consideration of a supplemental appropriation for an increase in Disproportionate Share transfer payment up to $20,000,000 for FY 1994-95.

> Action Taken: The Commission (Jackson, Kaufman, Castaneda, Gadberry, Shriver) approved the Consent Calendar of the Budget Committee.

(4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández)

MANAGED CARE
San Francisco Health Authority Provider Network

Last week, the San Francisco Health Authority released applications to all providers who had previously submitted Letters of Interest to participate in the delivery system.

Applicants will be required to demonstrate how inclusion in the provider network will further the Health Authority's guiding principles of: improved access, competitive/cost-effective systems, representation of safety net and traditional providers, provider assistance and education, continuous quality improvement and preservation of Medi-Cal disproportionate share funding. The provider network application will also analyze administrative capabilities, fiscal soundness and quality of care protocols for potential providers.

San Francisco providers have taken an active interest in the development of the provider network. The San Francisco Medical Society continues to remain involved in the process of integrating sole practitioners into the potential provider networks. The Westbay Hospital Conference met last week to discuss the criteria to be used for inclusion of hospitals into the Health Authority's provider network.

Yesterday, the Health Authority held a meeting for providers interested in becoming a part of the network. The purpose of the meeting was twofold: to give providers information on the Health Authority and its guiding principles; and to solicit questions and clarify issues for providers interested in completing a provider application.

I will keep the Commission informed of the issues associated with the development of the network structure, terms and conditions for contracting with the Health Authority for Medi-Cal managed care.

Foundation Health Plan

As I previously informed the Health Commission, two lawsuits were filed against Foundation Health Plan in connection with marketing misrepresentations. A preliminary injunction hearing was scheduled for March 16, 1995. That hearing has been rescheduled to March 30, 1995. I will keep the Commission informed of the outcome of that hearing.

State Assembly Health Committee

Earlier this month, the State Assembly Health Committee held an informational hearing on the implementation of Medi-Cal Managed Care. The State Department of Health Services provided a status report on current developments and the Legislative Analyst Office (LAO) presented its financial analysis of the impact of Medi-Cal managed care expansion. The LAO's key findings were that: (1) SSI beneficiaries should be mandatorily enrolled into managed care plans, (2) capitation rates should be 97% of the fee-for-service costs to achieve modest savings and (3) a "single commercial plan" in each county may not achieve meaningful competition. In reference to the capitation rates, DHS indicated that the capitation payments which were developed are equal to the fee-for-service equivalent (i.e., what Medi-Cal would have spent if the fee-for-service system was continued). I'm unclear what impact, if any, this hearing will have on the State's strategic plan or implementation timeline. The Department just received today the capitation manual which describes the methodology for determining the cap rates which were released at the beginning of the month. This will allow us to verify, or not, that these rates are "equivalent" to what the State would have paid out under fee-for-service.

BUDGET

MAC/SB 910

On March 8 and 9 the Federal Health Care Financing Administration, (HCFA) the State Department of Health Services, (DHS) and various California counties met to discuss reimbursement options for retrospective and prospective MAC/SB 910 claims in light of the Federal disallowance. The following describes the outcomes of each of these meetings:

Retrospective

HCFA will not accept the current time studies as valid methodology for claiming retrospective MAC/SB 910 claims. Instead DHS/HCFA have proposed options for counties to submit additional documentation to verify retrospective claims. These include; a retrospective one time staff survey form, or a two week revised time study. The survey will ask each employee who had been involved with MAC claiming to estimate the amount of time he/she spent on listed activities for the 1994 calendar year. The form will not indicate which activities are allowable and which are not allowable. The time study form would be conducted in early April based on the newly defined and approved DHS/HCFA activity list.

HCFA will review the documentation by April 24th to determine the percentage of allowable activities for each program on a jurisdiction by jurisdiction basis. Counties will then recalculate their MAC claims for the retrospective period (July 1991-December 1994) and resubmit invoices to DHS for payment. HCFA has stated their commitment to getting reimbursements to the State as soon as possible.

Prospective

In the future, a bifurcated system will be established whereby some limited activities would be allowable under Administrative Case Management claiming (AMC), with most of the other activities converted to Targeted Case Management (TCM). Language for the TCM State plan amendment is currently being drafted. HCFA has been actively involved in this process to assist with timely implementation.

ADMINISTRATION

101 Grove Break-In

A break-in occurred at 101 Grove Street over the weekend. Personal property was stolen from offices on all four floors of the building. The vending machines on the 4th floor were also vandalized. It does not appear that any Departmental records or files were taken. It is not clear at this time how the vandals broke into the building, but a number of possibilities are being explored. DPH security is working with the San Francisco Police Department on the investigation.

Mutual Aid

A mutual assistance request has been received by the Department to provide disaster crisis counseling, outreach and debriefing services to residents of Pajaro, Monterey County. As you may recall, the Department provided emergency medical assistance to Santa Cruz County after the Loma Prieta earthquake in 1989.

Monterey has requested four bilingual Spanish/English speaking staff from March 25-29. All costs to San Francisco will be reimbursed by the Monterey County Mental Health Department through an Immediate Services Grant from the Federal Emergency Management Agency.

Linda Wang, the Disaster Coordinator for our Mental Health Division, is canvassing available staff and will designate a team leader for the group. Our staff will be working with staff from Santa Cruz and Monterey Counties. San Mateo and Santa Clara Counties are assisting this week. The situation changes daily as repairs are made and Pajaro residents return to their homes. The number of staff needed and the timeframe may change. I will keep the Commission apprised of the situation.

SAN FRANCISCO GENERAL HOSPITAL

Teleconference

SFGH participated on February 22, 1995 as one of 13 statewide sites for a teleconference entitled “First Aid For What’s Killing our Kids: A Prescription for Prevention”. The teleconference was sponsored by the California Wellness Foundation and coordinated by the Pacific Center for Violence Prevention, located at San Francisco General Hospital.

Mayor Frank Jordan made a personal appearance at SFGH as the introductory speaker, by reinforcing his commitment to the prevention of death and injury by handguns. Following his introductory remarks, the teleconference dialogue and presentation was moderated by Nancy Snyderman, M.D., from Los

Angeles, kicking off a major statewide effort in handgun control. Linkup was made with Washington, D.C. enabling participation from such policy makers as: Donna Shalala, Secretary of Health and Human Services; United States Senators Bill Bradley and Barbara Boxer; and Congresswomen Lucille Roybal-Allard, Maxine Waters, and Lynn Woolsey. In Los Angeles, SFGH Trauma Surgeon Geno Tellez, presented data on the devastating effects of handguns on the youth in San Francisco.

Throughout the presentation, the audience was given information on four policy issues: (1) The banning of "Saturday Night Specials"; (2) The regulation of firearms as a consumer product; (3) The initiation of "Home Rule"" enabling local jurisdictions to enact ordinances regulating the manufacture, sale and possession of firearms; (4) Increasing the penalty for carrying a "concealed weapon" from a misdemeanor to a felony. The audience was then directed to consider each of these policy issues and vote on their relative importance in preventing death and injury.

A local site panel discussion, moderated by SFGH physician, Michael Rodriquez, included representatives from local law enforcement, the San Francisco Board of Education, Mission neighborhood youth, and the Pacific Center for Violence Prevention. Staff from SFGH participated along with a cross section of representatives from community agencies as well as the media. This conference emphasized the commitment of SFGH to work with the community in health promotion and prevention of death and disability.

FQHC For Hospital Clinics

Last week the State verbally approved our application for Federally Qualified Health Center (FQHC) status to the four primary care outpatient clinics at SFGH. With this status, payment for Medi-Cal services will change from fee-for-service to cost-based reimbursement. In anticipation of FQHC status, the Hospital included $5 million in new revenues in its FY 1995-96 budget.

CALS Survey

The triennial Consolidated Accreditation and Licensure Survey (CALS) is scheduled for the fourth quarter of 1995 at San Francisco General Hospital. The CALS program is a survey conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the California Department of Health Services (DHS), and the California Medical Association (CMA). The CALS program results in the accreditation and licensure of acute care hospitals.

A mock survey has been scheduled at the hospital April 11-13 to assess CALS readiness. The mock survey team will include a JCAHO Nurse, CMA Physician, and JCAHO Administration. The team will visit a sample of inpatient and outpatient care areas, in addition to conducting interview conferences.

Diamond Heights Fire

On Thursday, March 9th, four SFFD firefighters were transported to the Emergency Department at SFGH following a fire in the Diamond Heights District. One firefighter was admitted in full arrest and expired shortly after arrival to the 4E Intensive Care Unit. The other three firefighters were admitted to the 4E Intensive Care Unit with burn and smoke inhalation injuries.

One firefighter remains in critical condition in the 4E Intensive Care Unit, one firefighter was transferred to St. Francis Hospital per the family's request and is in stable condition. Finally, the third firefighter was discharged from unit 4D on Tuesday evening, March 14th

Diversion

In March, Critical Care diverted 35 hours and 10 minutes or 20.9%. Average census at time of diversion was 25.5 patients. All three ICUs were open.

COMMUNITY PUBLIC HEALTH SERVICES

Public Recognition of Program Efforts

Recently a number of our staff have been publicly recognized for their outstanding efforts in the provision of services to homeless people and in professional education of their colleagues.

Tom Waddell Clinic was recognized by The Student Volunteers of the 1994 UCSF Homeless Health Project who expressed their *"deep gratitude ... for dedicating your time, energy and wisdom to helping us provide health care to the underserved."* The award certificate states, *"Your commitment to this project encourages us to continue seeking ways to serve our community. Your spirit of giving is an inspiration to us all."*

In addition to honoring the clinic overall, individual citations were awarded to the following staff members:

Barry Zevin, M.D.
Basil Stamos, M.D.
James Eskridge, FNP
Bill Cahill, HW
Lothar Hillenkoetter, M.D.
Martin Moran, R.N.
Mary Mays, FNP

Sandra Aseltine was honored as one of the first annual recipients of the North American Network of Field Educators' Health of Social Work Award by the School of Social Work and San Francisco State University. This award is created by the field directors for all the social work schools and programs in the United States and Canada to acknowledge the work done by agency field instructors in the education of future social work professionals.

We are proud of the recognition that our programs receive in the community and will continue to apprise you of future achievements.

MENTAL HEALTH SERVICES/ SUBSTANCE ABUSE

Interim Coverage of the Mental Health Division

As the Commission is aware, Mr. Jue has now left the Department. I have met with a number of the Division's advisory committees, advocates, contractors, and other stakeholders regarding interim coverage and on the process for finding a permanent replacement for Mr. Jue. These meetings have been very instructive and informative. Accordingly, I have made the following interim assignment of responsibilities:

State Mental Health Directors Meeting	Sandra R. Hernández, M.D.
Policy and Planning	Sandra R. Hernández, M.D.
Executive Staff (including budget, D&T)	Jo Ruffin
PES Restructuring	John Nickens (Consultant)
S. F. Health Authority Mental Health Seat	Nancy Presson

Monique Zmuda will continue her role as interim budget director for the Department in addition to serving as the CFO for Departments 83 and 87.

DMS Reorganization

I would like to announce the temporary interim assignments of the senior management staff for the Division of Mental Health. This group will form the Executive Team for the Division:

Monique Zmuda	Associate Director, Finance and Operations
Nancy Presson	Associate Director, Managed Care
Jo Ruffin	Associate Director, Systems of Care
Bill McConnell, Ph.D.	Associate Director, Planning/Quality Management
Tina Yee	Program Manager, Culturally Competent Systems

To maintain the Division's focus on developing Culturally Competent and Consumer Guided Services, two additional staff assignments will be added to the Executive Team. We are creating an office for Culturally Competent Systems and Consumer Guided Systems.

Tina Yee, Ph.D., has agreed to accept the staff assignment for Culturally Competent Systems. She will join the Executive Team and assist in designing culturally competent organization structures, develop strategies for implementing culture competency, and providing internal review of the Division's policies and practices.

The staff assignment for Consumer Guided Systems will be developed in collaboration with the consumer community. The selection of this assignment will be made in conjunction with the new Executive Team in Mental Health.

I wish to congratulate the senior management staff. I believe they will provide the needed structure for the Division during this critical transition period in Mental Health Managed Care.

Mental Health Managed Care

The California Mental Health Director's Association has recommended a formula for the psychiatric inpatient Medi-Cal allocation for the next fiscal year to CSAC. The proposed formula will have an adverse effect on San Francisco if approved. San Francisco's potential loss is $2.2 million out of a possible allocation of $7.2 million. I will be working closely with the City's lobbyist to try to influence the decision when it reaches CSAC and minimize the loss of funds for San Francisco.

Drug Court

On March 9 - 10, 150 individuals attended a conference on the Drug Rehabilitation Court at the Holiday Inn on Van Ness. This conference was sponsored by the CSAS Target Cites Project, and the Sheriff's Department with the help of technical assistance funding from the Center for Substance Abuse Treatment (CSAT). The conference provided information regarding changes in the criminal justice system, the new Drug Rehabilitation Court (HOPE), and provided an opportunity for the collaboration among criminal justice, community based providers, and others. Evaluations have been received by the SF Target Cities Project and the conference was well received.

On Wednesday, March 15th, San Francisco initiated its drug court with Judge Lillian Sing presiding. This innovative court is designed to help habitual drug abusers charged with non-violent, non-trafficking drug related offenses break the cycle of drug use and criminality. Staff representing CSAS, the Public Defender, District Attorney, Courts, Sheriff and Probation work collaboratively to become involved in rehabilitation.

The treatment providers selected to provide services to the court of HOPE include: Walden House Day Treatment Services, Chemical Awareness Outpatient Treatment Services (CATS) , CATS Relapse Prevention, and Center on Juvenile and Criminal Justice Residential. The treatment services are supported by a $300,000 award provided to the SF Target Cities Project of CSAS.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Fisherman's Wharf: Crabcooking Practices

The following is a brief report regarding Federal, State and Bureau inspection activities at the Fisherman's Wharf. During the months of January and February 1995, the Bureau staff conducted inspections of the following four wholesale seafood processing plants around Fish Alley in Fisherman's Wharf:

California Shell Fish, 420 Jefferson Street
F. Alioto Fish Company, 440 Jefferson Street
Morgan Fish, 3070 Leavenworth Street
Consolidated Factors, 2936 Hyde Street

Consolidated Factors and California Shellfish were inspected as a result of complaints received by the Department regarding improper food protection. The complaints did not include odors or smell and consequently, inspections did not examine these issues. The two other wholesale establishments were routinely inspected by the Federal Food and Drug Administration (FDA). In addition, the State Food and Drug Branch (FDB) conducted an independent inspection late last year and in early 1995.

All Bureau inspections revealed that 3 out of the 4 wholesale establishments (excluding Morgan Fish) were in violation of the Health Codes in that, the food product and crab processing pots were not protected from contamination and adulteration. They were exposed to bird droppings, contaminated roofs rain runoffs, bird nests, and other structural violations. Dog feces were also found in the crab cooking area.

State and Federal inspectors have both issued notices to the establishments to enclose the crab processing operation before the next crab season. Even though the wholesale operation falls under the jurisdiction of the FDA and FDB, traditionally, the Bureau is responsible for issuing permits to the establishments and for inspecting them. As such, Bureau inspectors, working jointly with FDA and FDB, issued notices to the wholesale operators to comply by the next crab season. Consolidated Factors and California Shellfish both expressed their willingness to comply and asked for specific guidelines to accommodate consumer protection regulations.

It must be emphasized that none of the retail food facilities or the crab cooking establishments attached to restaurants all along the Fisherman's Wharf were affected or cited. These facilities are in compliance with the California Retail Food Facility Law and they have not been issued any notices to discontinue or relocate their cooking operation indoors.

A joint inspection with Jack Breslin, Assistant Director, BEHM, on March 15, 1995 confirmed the inspector's findings and the willingness of the two wholesale operations to comply. We were unable to reach F. Alioto Fish Company.

A joint meeting with FDA and FDB was held yesterday to discuss these issues and to request the FDA and FDB take the enforcement lead.

The Examiner's report is unfortunate and misleading as it has created unnecessary anxiety among the citizens and some government officials about potential changes to the ambiance of Fisherman's Wharf. Nothing could be further from the truth since the wholesale establishments operate in areas far removed from any tourist activity. The Department's sole focus has been to protect the public's health through the maintenance of proper sanitary practices among the wholesale distributors.

The inspectors' directives were very clear and concise and in accordance with the Health Code mandates. We will continue to work with the industry to ensure proper food handling practices.

Co-Generation Facility

You may recall I reported to the Commission before Christmas that the San Francisco Energy Company filed an application with the California Energy Commission (CEC) to site a co-generation plant in one of two locations in San Francisco. Both sites are in the Bayview Hunters Point neighborhood. The original "preferential" site was on Innes Avenue at Fitch and is adjoined by residential properties. The other location is a Port property and is in a commercial area. The Department filed as an active intervenor with the CEC to insure that public health risks would be considered during the process.

DPH remains very concerned about air quality and toxic sites in the Bayview Hunters Point area. As reported at your last meeting the Department began a Health Risk Assessment for the Bayview Hunters Point area. I will keep you informed as the assessment project moves forward.

It is our understanding that the State, not the City will make the final determination as to whether a co-generator facility will be built. After analysis of the available data on the two sites, the Department has concluded that if there is to be a co-generator facility built in the Bayview, the Port site is preferable to the Innes Street site. We will continue to work with the San Francisco Energy Company and the community to insure issues of environmental justice are addressed.

AIDS, EPIDEMIOLOGY AND DISEASE CONTROL

HOPWA Funding in Jeopardy

The U.S. House of Representatives passed a $17 billion Federal recession package last week for current fiscal year that includes the total elimination of HOPWA funding. The Senate is expected to pass a similar bill that will then go to Conference Committee. If the HOPWA 1995 allocation for San Francisco is eliminated, the potential impact on San Francisco's Ryan White CARE budget will be significant. HOPWA currently funds: (1) capital development, which includes acquisition and rehabilitation or new construction of AIDS housing; (2) supportive services for AIDS housing; and (3) rental subsidies required to keep people in their own housing or to assist them in obtaining housing.

Capital costs cannot be financed with CARE service dollars under Ryan White. However, both supportive services and rental assistance programs will have to be considered for funding by the CARE Council or they will be terminated. The bottom line is that, beginning in July 1995 and going through January 1997, CARE would have to pick-up $3,345,926 in supportive services and rental subsidies for persons with AIDS to maintain current utilization and capacity. The current waiting list for HIV housing programs is 1700 people.

FEBRUARY STATISTICS

AIDS Statistics (from 7/1/81 to 2/28/95)

Total San Francisco cases:	20,962
Total San Francisco deaths	13,892
Total S.F. cases for February	168
Total S.F. deaths for February	142

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	294.4
Newborn Nursery:	18.6
Actual Patient Days (except newborns)	8,244
Newborn Nursery:	521
Admissions (except newborns):	1,445
Newborn Nursery:	125
Average Length of Stay (except newborns):	5.8
Newborn Nursery:	2.8
Discharge Patient Days (except newborns):	8,046
Newborn Nursery:	320
Discharges (except newborns):	1,389
Newborn Nursery:	114

Outpatient Visits

Primary Health	9,776
Family Health:	2,895
General Medicine:	1,974
Pediatric:	3,124
OB/GYN:	1,783
Specialty Clinics:	10,215

Emergency Activities

Non-Admit Emerg. Dept. Visits:	4,537
ED Admissions:	823
Psychiatric Emergency Services:	331
Psychiatric Emergency Admissions:	132

Laguna Honda Hospital

All Beds	1,133
Acute Services	9
SNF Services	1,124
AIDS/Hospice SNF	24

Mental Health

Number of Patients at SFGH:	80
Number of Medically Complex	12
Number Total Care	3
Number HIV	3
Number AIDS	2
Number Community Beds	3

CPHS - Primary Care Visits for Health Centers

Health Center #1:	Due to the relocation of the CPHS Billing Unit to their new site at SFGH, February stats are not available
Maxine Hall Health Center:	
Health Center #3:	
Health Center #4:	
Health Center #5:	
Tom Waddell Clinic:	3,040
Potrero Hill Health Center:	
Southeast Health Center:	
Special Programs for Youth:	2,356
TOTAL VISITS:	

Disease Control

TB Clinic:	1,396
City Clinic:	1.694

SSI Clinic FYTD Summary as of 2/28/95

Referrals to Triage	1,530
No Shows	69
Seen by Triage	1,461
Homeless	338
Significant Findings of Unemployables:	
Medical Problems	342
Psychological Problems	678
Med & Psych Problems	36
Employability Ratings	
Employable: Workfare/ Job Search	261
Indeterminate: Pt. Referral	144
Temp Unemployable: ReEval Triage	939
Perm Unemployable: Advocacy Unit	117
Advocacy Unit	
Total Caseload	
Active Cases	63
Inactive	43
Referrals into Intake	151
No Shows	13
Seen by Intake	138
Advocacy Activity	
Initial SSI/SSA Applications Completed	46
Pending SSI/SSA Application Case Managed	54
Recouped GA Expenditures for January 1995	$104,784

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 2/25/95			*Year-to-Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	641	207	118	1338	427	288
Campylobacteriosis	601	36	38	101	68	81
Giardiasis	16	31	40	28	69	63
Hepatitis A	16	7	32	36	20	55
Hepatitis B	5	6	4	11	9	7
Salmonella	12	18	12	24	26	29
Shigella	11	17	27	34	30	43
TB	32	21	16	57	41	34
Gonorrhea	117	132	92	286	276	259
Syphilis	7	9	2	25	13	4

* Resident cases only.

February Statistics 1995

Community Substance Abuse Services

Persons on Wait List on Last Day	8,452
Daily Census on Last Day	6,917
Outpatient Visits Provided (Dec.)	44,407
Residential Days Provided (Dec.)	11,287

Third Quarter Report to Joint Conference Committee 1994-1995

COMMITTEE ACTIONS		JANUARY 1995	YEAR TO DATE TOTAL
APPOINTMENTS	ACTIVE		
APPLICANTS < 6 MONTHS	COURTESY		
	AFFILIATED		
APPOINTMENTS	ACTIVE	18	36
APPLICANTS < 6 MONTHS	COURTESY	34	77
	AFFILIATED	6	6
REAPPOINTMENTS SUBMITTED	ACTIVE	13	81
MONTH TOTAL = 34	COURTESY	19	164
	AFFILIATED	2	26
REAPPOINTMENTS NOT SUBMITTED	ACTIVE	4	16*
SUBMITTED	COURTESY	5	41*
MONTH TOTAL = 30	AFFILIATED	2	7*
CHANGE IN PRIVILEGES		0	0
CHANGE IN STAFF STATUS		5	15
RESIGNED/SEPARATED		15	101

* October 1994 - Present

(5) CONSIDERATION OF A RESOLUTION ENDORSING THE HEALTH DEPARTMENT'S PLAN FOR TRANSITIONING EXISTING MENTAL HEALTH SERVICES PROVIDED BY CALIFORNIA PACIFIC MEDICAL CENTER TO OTHER MENTAL HEALTH PROVIDERS.

Public Speaker: Thabiti Mtambuzl did not support sole source process.

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Shriver) adopted Resolution #7-95, "Endorsing the Health Department's Plan for Transmitting Existing Mental Health Services Provided by California Pacific Medical Center to Other Mental Health Providers," as amended by Commissioner Chow, (Attachment A).

(6) CONSIDERATION OF A RESOLUTION PROCLAIMING APRIL 3-9, 1995 AS PUBLIC HEALTH WEEK

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Shriver) adopted Resolution #8-95, "Requesting the Mayor and the Board of Supervisors to Proclaim April 3-9, 1995 'Public Health Week' in the City and County of San Francisco," (Attachment B).

(7) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

Monique Zmuda gave an update on the Department's FY 1995-96 budget, (Attachment C).

Commissioner Kaufman emphasized that the 1995-96 budget will have fewer people doing more work.

Commissioner Castaneda requested information from the Department on the dollar value of compensatory time taken by Department of Public Health employees for the past year.

Commissioner Chow encouraged the Department to have reasonable productivity standards that are achievable.

(8) CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO OPPOSE ASSEMBLY BILL 154.

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Shriver) adopted Resolution #9-95, "Urging the Board of Supervisors to Take a Position in Opposition to Assembly Bill 154", (Attachment D)

Commissioner Chow requested a copy of the Bill and that in the future, requests for legislative support be accompanied by a copy of the legislation.

(9) PRESENTATION OF THE MISSION BAY HAZARDOUS MATERIAL INVESTIGATION AND REMEDIATION PROGRAM CITIZENS ADVISORY COMMITTEE: REPORT TO THE BOARD OF SUPERVISORS.

Amy Brownell, Department of Public Health Toxics staff, and Neil Gendel, member of the Mission Bay Hazardous Materials Investigation and Remediation Program Citizens Advisory Committee, gave an update on the Mission Bay Project. For a copy of the report, contact the Commission Office (554-2666).

The recommendations of the Citizens Advisory Committee are:

- The Health Department should be involved in any changes or renegotiations to the Development Agreement to be certain that all Health Department expenditures are paid through the agreement.

- Catellus Development Corporation should be required to update, in a timely manner, the Citizens Advisory Committee and the Health Department on all new proposals for Mission Bay that will require Health Department involvement. (The Home Depot proposal was only recently presented and is on a very tight frame).

Mr. Gendel supported the Department and Dr. Hernández in wanting to see this development but addressing the health concerns.

(10) OVERVIEW OF CHILDREN'S HEALTH SERVICES AND PLANNING INITIATIVES.

This item was deferred to a future meeting.

(11) TIME SPECIFIC: 5:00 p.m.

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community from the California Pacific Medical Center:

(1) The transfer to Guardian Foundation, a subacute care provider, of the skilled nursing and acute rehabilitation facilities at the Garden Campus of California Pacific Medical Center. The Guardian Foundation would own and run the program, carrying the operating license. CPMC would continue to own the Garden Campus building, which it would lease to Guardian.

(2) Under separate agreement, Guardian would also manage the skilled nursing unit on CPMC's California Campus. CPMC will continue to own this unit also.

Mr. Hazeltime, CPMC attorney, and Dr. Apter, CPMC Medical Director for Post-Acute Services, presented the following information:

Under the proposed arrangement, CPMC would lease the Garden Campus to Guardian, which would operate the facility under its own license. Such services would include:

- All existing services and programs will continue and will be transferred to the California Campus.
- Sixty-seven new beds created.

- A new Alzheimer's residential care program.
- Extended care for HIV convalescent and hospice patients.
- A full continuum of care, filling the gap between acute care and home care.
- Expanded service for long term Medi-Cal patients.
- Extensive renovation of the facility by local union labor.

Under a separate agreement, the Guardian Foundation would manage the Skilled Nursing Unit on CPMC's California Campus. CPMC would continue to own and operate this Unit. The Guardian Foundation, founded in 1975, provides subacute services to Northern California hospitals and freestanding facilities for a combined total capacity of 11,234 beds.

(12) EXECUTIVE SESSION:

(12a) Authorized pursuant to Government Code Section 54956.9 consideration of Unlitigated Claim #94-00671, Mid-Century Insurance vs. CCSF (DPH/Mental Health), in the amount of $7,506.88).

(12b) Consideration of a settlement of $100,000 from a Class Action Suit Re: Pleasant Hill Cremation Cases, Superior Court # 943703

(12c) Authorized pursuant to Government Code Section 54956.9: Consideration of Unlitigated Claim # 93-03591, E. Stewart Holland vs. CCSF, in the amount of $6,100.

(12d) Authorized pursuant to Government Code Section 54956.9, consideration of a settlement of Washington vs. CCSF, Case # 945-999, in the amount of $29,000 and waiving a medical lien in the amount of $3,696.44.

Action Taken: The Commission approved all of the above proposed settlements and decided not to disclose any of the closed session discussions.

Commissioner Jackson abstained on 12(c) due to potential conflict of interest.

(13) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-95

ENDORSING THE HEALTH DEPARTMENT'S PLAN FOR TRANSMITTING EXISTING MENTAL HEALTH SERVICES PROVIDED BY CALIFORNIA PACIFIC MEDICAL CENTER TO OTHER MENTAL HEALTH PROVIDERS

WHEREAS, as part of its Strategic Plan, California Pacific Medical Center (CPMC) will not continue its seven mental health programs as of July 1, 1995; and,

WHEREAS, CPMC has been collaborating with the Division of Mental Health of the Department of Public Health to plan for a transfer of management for the seven mental health programs to other providers; and,

WHEREAS, in accordance with the Health Care Planning Ordinance, the Health Commission held a public hearing on March 7, 1995; and,

WHEREAS, an overall Department of Public Health plan to transition the seven mental health programs was recommended as follows:

1. Adolescent Intensive Residential Services (AIRS).
   An RFP was published December 28, 1994 and a review and selection process was completed February 10, 1995. Service Center/UCSF Langley Porter Psychiatric Institute is being recommended to be the contractor beginning May 1, 1995.

2. Comprehensive Child Crisis Services (18).
   An RFP was published February 15, 1995 and proposals are due March 22, 1995.

3. Geriatrics Day Treatment.
   In an RFP bid process, there were three responses to the Division of Mental Health RFP. Family Services Agency will be the recommended contractor for this program. The goal of the Division of Mental Health is to transfer this program by April 1995.

4. Community Vocational Enterprises (CVE).
   Recommendation is to sole source this contract to S.F. Study Center, who has a track record in fiscal management and business enterprises.

5. Westside Lodge/Day Treatment.
Recommendation is to sole source this contract by July 1, 1995 to Baker Places, Inc., who is an experienced residential treatment provider and has a track record of assimilating and incorporating programs while maintaining their individual identity and increasing their effectiveness.

6. Thunderseed Day Treatment.
Recommendation is to consolidate this program with Bayview-Mental Health after June 1995. This will allow the program to continue to exist within Cluster III, and provide services to the OMI, Bayview area.

7. Operation Concern.
Recommendation is to sole source this contract to the newly merged Operation Concern/18th Street Services, which is dedicated to the gay/lesbian/HIV positive population. This would promote administrative streamlining and savings.

NOW; THEREFORE, BE IT RESOLVED, that the Health Commission determines that the recommendations will not have a detrimental impact on health care services in the community; and, be it

FURTHER RESOLVED, that the Health Commission endorses the proposed Department's plan for transitioning existing mental health services provided by CPMC to other mental health providers; and, be it,

FURTHER RESOLVED, that the Health Commission approves the sole source determinations, including the sole source contractors, in the plan.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 21, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-95

REQUESTING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROCLAIM APRIL 3-9, 1995 "PUBLIC HEALTH WEEK" IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, the State of California celebrates 125 years of public health in California this year; and,

WHEREAS, public health services are a high public priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, public health services protect and promote the health and safety of the residents of the City and County of San Francisco; and,

WHEREAS, public health programs are cost-effective and contribute significantly to the reduction of needless suffering through increasing knowledge and awareness of health behaviors; and,

WHEREAS, public health professionals and community partners who promote public health play important roles in providing for the health and welfare of our citizens, and their efforts are worthy of widespread praise and appreciation; and,

WHEREAS, the first week of April is celebrated as "Public Health Week" in 21 States, including California; and,

WHEREAS, "Public Health Week" recognizes the coalition of public and private health agencies, foundations, academia and health related enterprises that work to promote healthy behaviors; now, therefore, be it

RESOLVED, that the Health Commission respectfully urges the Mayor and the Board of Supervisors to proclaim April 3-9, 1995 "Public Health Week" in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 21, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco **Department of Public Health**

Sandra R. Hernández, M.D.
Director of Health

MEMORANDUM

TO: Honorable Arthur Jackson, President
Members of the Health Commission

FROM: Sandra R. Hernández, M.D. /SRH
Director of Health

SUBJECT: Fiscal Year 1995-96 Budget Details

DATE: March 21, 1995

As the Commission is aware, the Department of Public Health's budget initiatives have been driven by the need to effectively transition to a capitated, at-risk environment for the provision of healthcare while continuing to serve as the safety net provider for the indigent. The Department's success in continuing to provide quality healthcare services to San Francisco's neediest populations is predicated on our ability to be responsive to a healthcare market place that is undergoing rapid reform. Today's increasingly restrictive climate for reimbursement for medical services demands that the Department take new institutional approaches to managing our limited resources.

The Department of Public Health's 1995-96 budget submission assumes a $119 million general fund allocation. The budget was submitted with $10.2 million in undetailed reductions. The following proposals for making up these reductions are based on the concepts of lowering costs and increasing productivity through aggressive management of performance standards, setting standardized rates, administrative restructuring, and wherever possible, revenue maximization. None of the proposals currently include service reductions beyond existing year service levels. The Department of Public Health's budget proposals stress the need to change how we deliver services as the key to continuing to provide quality healthcare services in a competitive, resource poor, managed care environment. The specific proposals include the following:

Productivity Increases/Operating Efficiencies

CHS has established cost reduction targets for each of the ten community health centers. Centers will do an analysis of their programs and utilize operating efficiencies and productivity increases to meet their target reductions. CHS estimates a savings of $347,689. An additional $160,000 will be saved by reducing unallocated contract service dollars.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

DMSF has established efficiency criteria for all mental health services. Criteria was established by review and analysis of costs, rates, productivity of units provided, revenue earned, admissions and discharges completed, total clients served and clinical diagnosis of client caseloads. Through this analysis DMSF will finalize standardized mental health rates and performance standards for its programs. DMSF estimates a $1.25 million savings in cost reductions as a result of implementing these standards. DMSF believes that these reductions in rates can be achieved without any service reductions. It is estimated that once contractors finalize their business plans that a portion of these savings may be achieved by generating new revenues.

SFGH has done an extensive review of Bay Area hospitals to establish an average industry standard for providing health services. SFGH has used this standard to analyze and set targets for reducing expenditures in various hospital cost centers. They project a savings of $3.4 million which will result in cost reductions for services provided through the UC contract. In addition SFGH is currently conducting an extensive utilization review to ensure the prompt movement of patients into the most cost effective clinical care setting. In the budget SFGH has detailed approximately $400,000 in cost savings by creating a distinct-part skilled nursing facility. SFGH proposes that these cost reductions will improve the efficiency in the operation of services without resulting in any service reductions.

Administrative and Staff Restructuring

CHS proposes eliminating the current Director of Public Health nursing on a half-time basis once the current director retires in July 1995. This will complete the consolidation of nursing supervision under a single nurse manager at each health center and network-wide nursing supervision under a single nursing director. This will save $54,300. There will be no service impact due to this reduction.

DMSF has proposed eliminating eight vacant positions for a total salary and fringe savings of $369,182. Services will not be decreased from the existing current fiscal year level. Approximately 180 clients could have been served if these positions could be funded. In addition, DMSF is working with Human Resources on a plan to reduce administrative positions. The division estimates savings of $300,000.

SFGH began restructuring administrative and support staff to support operational changes necessary to contain costs under managed care. This will be reflected in their budget as salary savings and will account for the deletion of approximately 100 FTE's for a savings of $3.2 million. It is anticipated that a portion of these deletions will be through reductions in the UC contract. Some of the other deletions are in vacant positions. The Department is planning to transfer other employees whose positions are deleted to vacancies within the Department and to new positions which will be created at the new ward at Laguna Honda Hospital and potentially at the Mental Health Rehabilitation Facility, although licensing remains an outstanding question related to the latter. The Department will work closely with labor on these administrative restructurings. There will be no service impact due to these reductions. The net effect on SFGH workforce has not yet been determined but can be expected to be similar to the downsizing that is occurring in private Bay Area and San Francisco acute care hospitals.

Revenue Maximization

Considering the current State and Federal political climate where healthcare has been targeted for massive cuts, the Department will no longer be able to rely on these declining funds for new revenue. Despite this fact, the Department continues to aggressively explore options for revenue maximization. As of February, Deloitte and Touche has begun their consultations to assist the Department identify revenue enhancements and cost reductions. The Department has projected the following revenue increases for fiscal year 1995-96:

CHS projects an increase of $781,450 in revenues for fiscal year 1995-95. This will be accomplished through more efficient MediCal and Medicare billing, increasing the number of MediCal eligible patients, capturing retroactive MediCal reimbursements for patients who are SSI pending billing Medicare for physician oversight and home health eldercare, and capturing the 10% differential Medicare payment given to three of our health centers that qualify for the Health Manpower Shortage Areas rate. In addition, CHS expects to gain $100,000 from the North of Market Health Center, a Federally Qualified Health Center (FQHC). The Department's MOU for revenue sharing with North of Market Health Center will be re-negotiated to more reasonably reflect the Department's general fund contribution to North of Market and their revenues via FQHC.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-95

URGING THE BOARD OF SUPERVISORS TO TAKE A POSITION IN OPPOSITION TO ASSEMBLY BILL 154

WHEREAS, California Welfare and Institutions Code Section 17000 requires Counties to provide general assistance relief to indigent persons who have no other means of support; and,

WHEREAS, the City and County of San Francisco provides assistance to approximately 14,700 indigent persons on a monthly basis through its County-administered General Assistance Program; and,

WHEREAS, the provision of general assistance relief to indigent persons assists such individuals in either locating or maintaining housing, purchasing necessary food, providing for necessary personal hygiene, and in doing so, endeavors to reduce the number of persons who may be at-risk of homelessness; and,

WHEREAS, general assistance relief (either in cash grants or in in-kind assistance) can directly improve and protect the health status of indigent persons by enabling them to provide for the basic necessities of life; and,

WHEREAS, Assembly Bill 154, as introduced by Assembly Member Richter, proposes to amend California Welfare and Institutions Code Section 17000 by making the provision of County general assistance programs discretionary; and,

WHEREAS, passage of Assembly Bill 154 further threatens to lower the health status of indigent persons who will be unable to provide for life's necessities through general assistance relief and, therefore, at greater risk for poor health outcomes; and,

WHEREAS, passage of Assembly Bill 154 will increase the provision of unsponsored indigent health services and the cost of such services, which are absorbed almost entirely by the City and County of San Francisco; and,

WHEREAS, passage of Assembly Bill 154 may cause some surrounding Counties to eliminate or significantly reduce their general assistance programs, and result in increased migration into San Francisco, requiring the City and County to absorb the additional health and welfare costs associated with providing services to more indigent persons; and,

WHEREAS, Assembly Bill 154 does not address either the long-term health effects of, or the fiscal impact to counties amending California Welfare and Institutions Code Section 17000 to be a discretionary program; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-95 (Cont'd.)

RESOLVED, that the San Francisco Health Commission urges the Board of Supervisors to take a position in opposition to Assembly Bill 154.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 21, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 2 of 2

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

NOTICE

SPECIAL PUBLIC HEARING

DOCUMENTS DEPT.
FEB 17 1994
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, March 21, 1995
Time Specific: 5:00 P.M.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public Hearing , in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community from the California Pacific Medical Center:

1) The transfer to Guardian Foundation, a subacute care provider, of the skilled nursing and acute rehabilitation facilities at the Garden Campus of California Pacific Medical Center. The Guardian Foundation would own and run the program, carrying the operating license. CPMC would continue to own the Garden Campus building, which it would lease to Guardian.

2) Under a separate agreement, Guardian would also manage the skilled nursing unit on CPMC's California Campus. CPMC will continue to own this unit also.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

April 4, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 21, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) CHS - AIDS - Renewal contract with 18th Street Services, in the amount of $75,000, to provide HIV/AIDS prevention education to gay and bisexual young men, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with 18th Street Services for services totaling $945,931 in FY 1993-94).

(3.2) CHS - AIDS- Renewal contract with San Francisco AIDS Foundation, in the amount of $128,478, to provide Telephone Hotline services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation services totaling $4,760,180 in FY 1993-94).

(3.3) CHS - AIDS - Renewal contract with UCSF/AIDS Health Project, in the amount of $91,720, to provide Mental Health services to patients of SFGH Ward 86 for the period of July 1, 1994 through June 30, 1995. (DPH contracted with UCSF/AIDS Health Project for services totaling $2,940,153 in FY 1993-94 exclusive of the Affiliation Agreement)

(3.4) CHS - Maternal and Child Health - Modification to the contract with C.A.H.E.E.D Daycare Center, Inc., in the amount of $20,000, to provide additional intensive support services to parents and infants 0-2 years of age, for the period of April 1, 1995 through June 30, 1995. (DPH contracted with C.A.H.E.E.D. Daycare Center for services totaling $171,131 in FY 1993-94).

(3.5) DMS - CMHS - Second Modification and Sole Source Request to the contract with Westside Community Mental Health Center, Inc. in the amount of $662,994, to provide two new programs a Mobile Crisis Treatment Team and Coordinated Case Management Services for the period of April 1, 1995 through June 30, 1995. (DPH contracted with Westside Community Mental Health Center, Inc. for services totaling $4,004,924 in FY 1993-94).

(3.6) Consideration of a proposed amendment to the San Francisco Municipal Code (Health Code) which authorizes an agreement to make the Department of Public Health a preferred provider of medical services under the City administered health plan, and consideration of the contract between the Department of Public Health and the Health Services System.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández)

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

6) CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER CALIFORNIA PACIFIC MEDICAL CENTER'S TRANSFER OF SKILLED NURSING AND ACUTE REHABILITATION FACILITIES AT THE GARDEN CAMPUS AND SKILLED NURSING UNIT AT THE CALIFORNIA CAMPUS TO GUARDIAN FOUNDATION WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICES OF THE COMMUNITY

7) CONSIDERATION OF A PROPOSED AMENDMENT TO PART II, CHAPTER V, OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) THAT AUTHORIZES THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT AND THE SAN FRANCISCO POLICE DEPARTMENT TO ENFORCE THE PROVISIONS OF THE STATE LABOR CODE WHICH REGULATES SMOKING IN ENCLOSED PLACES OF EMPLOYMENT TO INCLUDE RESTAURANTS

8) CONSIDERATION OF A RESOLUTION AMENDING THE ADMINISTRATIVE CODE, SECTIONS 1.42 AND 1.33, DELEGATING AUTHORITY TO THE DIRECTOR OF HEALTH TO ENTER INTO AGREEMENTS WITHOUT APPROVAL BY THE BOARD OF SUPERVISORS FOR HOLD HARMLESS PROVISIONS IN AGREEMENTS OF LESS THAN $1.0 MILLION

9) OVERVIEW OF CHILDREN'S HEALTH SERVICES AND PLANNING INITIATIVES

10) OTHER BUSINESS/PUBLIC COMMENTS*

11) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT OF AN UNLITIGATED CLAIM OF PETER GENTILE IN THE SUM OF $18,000 PLUS INTEREST, AND ATTORNEY'S FEES OF $10,000 PLUS INTEREST

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

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For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station Accessible parking is located at the southwest corner of Grove and Polk Streets

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 4, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M Jackson, at 3:10 p.m

Present: Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Michael D Shriver

Absent Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Helen B. Ripple, R.N., M.S.N

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 21, 1995

Action Taken. The Commission unanimously adopted the minutes of March 21, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) CHS - AIDS - Renewal contract with 18th Street Services, in the amount of $75,000, to provide HIV/AIDS prevention education to gay and bisexual young men, for the period of July 1, 1994 through June 30, 1995 (DPH contracted with 18th Street Services for services totaling $945,931 in FY 1993-94)

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(3.6) Consideration of a proposed amendment to the San Francisco Municipal Code (Health Code) which authorizes an agreement to make the Department of Public Health a preferred provider of medical services under the City administered health plan, and consideration of the contract between the Department of Public Health and the Health Services System.

This item was postponed to the April 18, 1995 meeting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.6 which was postponed to April 18, 1995.

4) DIRECTOR'S REPORT (Dr. Sandra R. Hernández)

BUDGET

Meeting with the Mayor on Department's 95-96 Budget

President Jackson, Commissioner Chow, members of the Department's Executive Staff and I met with Mayor Jordan and his key budget staff this morning to discuss the Department of Health's 1995-96 budget. We outlined the Department's efforts to reach productivity and revenue targets for next year. We also discussed the General Fund allocation to the Department for next year. We agreed to a General Fund allocation of $114 million, which represents the same level of County support as exists in the current year. However, this allocation will require that we reduce our requests from $119 million to $114 million. We informed the Mayor that we will make every effort to reach our General Fund allocation with no service reductions.

We will achieve this target largely through increasing our revenues. Specifically, we briefed the Mayor on the SB 855 Disproportionate Share Payment Program, and the benefits derived by St. Luke's Hospital to offset some of the costs incurred by the City for the SSB 855 program. In addition, we will commit to revisiting our revenue estimates within the Department to increase Federal reimbursement through a combination of SB 1255, CMAC Medi-Cal rates, and Deloitte and Touche revenues. The remaining $500,000 needed to reach our General Fund target will be met through the implementation of a department-wide prime vendor program. Through this proposal, the Department will bid out its materials and supplies purchases to one vendor, which will reduce the supplies and labor costs incurred within the Department

As you know, the Department was asked to identify service reductions which would occur should we be required to further reduce our General Fund budget to $110 million in order to anticipate reductions at the State and Federal level. We suggested that the Mayor delay any further reductions to our budget at this time. Should Federal and State reductions be implemented, then the Department would identify the service reductions which would be directly related to the State or Federal budget initiatives.

I also requested approval to implement the new Mental Health Rehabilitation Skilled Nursing Facility. We recommended that a portion of the facility be set aside to provide long term psychiatric skilled nursing care to indigent and homeless mentally ill clients. We requested that $3.7 million in new general Funds be allocated to fund this program for next fiscal year. This amount represents approximately 25% of the total costs of the program. The remaining costs would be funded through the re-allocation of existing dollar within the institutional care budget, and with new Federal MediCaid funding for adolescent and senior patients The Mayor and his staff were very receptive to this programmatic proposal, and will notify the Department shortly about the future funding of the R-Facility.

Finally, we discussed the Department's proposal to eliminate shift differentials for paid vacation and sick time. We urged Mayor Jordan and his staff to implement this proposal City wide. We explained that the Department's ability to implement the reduction within DPH classifications would be greatly diminished should the benefit continue to be funded in other departments. The Mayor supports our proposal, and the Mayor's staff stated that they have included the proposal in the labor negotiations which are currently underway.

In conclusion, I believe that the meeting with Mayor Jordan was very productive. He gave his support to the Department's managers in reaching its productivity and cost reduction targets already identified in the based budget, and complimented the staff for balancing the budget without significant service reductions.

MANAGED CARE

Health Care Options Implementation

Effective Monday, April 3, 1995, Health Care Options began at the San Francisco Department of Health Services. Under Health Care Options, all new Medi-Cal beneficiaries may receive a neutral presentation of their health care choices under managed care. Health Choice (State contractor for HO) counselors will give voluntary presentations and Medi-Cal beneficiaries may voluntarily enroll in a managed care plan or remain with a fee-for-service provider. A beneficiary who does not select a managed care plan will automatically receive his/her health care services through the fee-for-service system.

Over the past several weeks, a work group has met to finalize the HCO materials and script which will be presented to Medi-Cal beneficiaries The work group is comprised of State DHS representatives, beneficiaries, advocates, providers, HealthChoice representatives, the San Francisco Health Authority and representation from the San Francisco Departments of Social Services and Public Health. This work group will continue to meet over the next few weeks to revise the HCO materials, if necessary, based on initial feedback from beneficiaries, advocates and providers. I would like to extend my thanks to members of the HCO work group for their tremendous effort in ensuring that HCO materials fully inform beneficiaries of their health care choices during the interim enrollment period.

National Issues

Last week, House Speaker Newt Gingrich called for a congressional investigation of the managed care industry. Approximately 63% of all privately insured Americans are in a managed care delivery system (i.e., health maintenance organization, preferred provider networks and point-of-service plans). Of central concern to many Republicans is the "gatekeeper" concept of managed care which is felt to limit consumer choice of medical providers. There is mounting perception that the managed care industry is more concerned with reducing costs and making a profit than with providing quality care. Speaker Gingrich stated government review of managed care was necessary given the large penetration of this industry in the provision of health care. The Speaker called for hearings in May.

Medi-Cal Lawsuit

A federal complaint has been filed against the State of California Department of Health Services and the United States Department of Health and Human Services by the United Health Plan, a health maintenance organization in Los Angeles County. United Health Plan has a contract with the State Department of Health Services to provide Medi-Cal services to beneficiaries on a capitated at-risk basis. The lawsuit charges that the capitation rates paid by the State for Medi-Cal beneficiaries are not based on sound actuarial analysis and, therefore, should be invalidated. Plaintiff contends that the rates are insufficient to provide quality care in an efficient and economical manner as dictated by federal law. In addition, the Plaintiffs claim that the capitation rates do not take into consideration hospitals which serve a disproportionate number of low-income patients. A hearing has not been calendared in this matter. The Department will monitor this federal action closely and keep the Commission informed of any developments.

Foundation Health Lawsuit

The lawsuit against Foundation Health for door-to-door marketing abuses has been adjourned. Plaintiffs in both actions are seeking a joint settlement agreement with Foundation Health. At this time, the Department has no further information on the nature of the settlement or when a settlement will be reached. The Department will keep the Commission apprised as information becomes available.

ADMINISTRATION

Public Health Week

April 3-9 is Public Health Week in San Francisco. In an attempt to highlight public health issues and their importance to San Franciscans, I was interviewed on the City's government channel, CityWatch Cable Channel 54. The interview will be played 6 times during the week. A Grand Rounds Panel facilitated by Bob Prentice was also filmed and will be aired April 5th and 7th. Presenters Henrik Blum, M.D., and Warren Winkelstein, M.D., M.P.H., focused on the present state of public health in America and the implications for the future of public health as a function of government.

City's New Financial MIS

The Controller is implementing a new financial system for all City and County departments. Implementation of the new system is planned for July 1, 1995. The new system will provide quicker access into the DPH financial information, and will link our own data systems with the City's accounting systems. The new system is designed to eliminate duplication of transactions, and provide all City departments with increased flexibility to develop management reports on revenues and expenditures department-wide. The DPH's chief financial officers and their accounting staffs have dedicated a significant amount of their time working with the Controller's staff and the City's financial MIS consultants to insure orderly and efficient conversion of the existing financial system to the new system.

Occupational Safety and Health/Workers' Compensation

I believe that our employees are our most valuable resource, and I am committed to implementing and maintaining effective injury and illness prevention programs throughout the Department of Public Health. One measurement of the effectiveness of our injury and illness prevention programs is the incidence rate. This is the rate of reportable occupational injuries and illnesses per 100 employees. Unfortunately, the overall incidence rate for DPH has increased from 11.9 in 1993 to 12.7 in 1994, which is a rise of 6.7%. Staff are currently reviewing these numbers and attempting to determine the cause of the increase. Incidence rates for each of the major DPH divisions, as well as the Department as a whole are presented below. It should be noted that the incidence rates for the smaller Divisions (Central Office and Mental Health) are more subject to fluctuations, due to the relatively small number of injuries/illnesses in these divisions. A few injuries can severely impact the rate .

INCIDENCE RATES

Division	January/ December 1993	January/ December 1994	% Change
Central Office	5.9	7.8	32.2 % increase
Mental Health	8.5	7.2	15.3 % decrease
Laguna Honda Hospital	14.9	14.6	2.0 % decrease
San Francisco General Hosp	13.4	14.8	10 4 % increase
All Division	11 9	12.7	6.7 % increase

Another measure of the overall effectiveness of our injury and illnesses prevention programs is the lost workday incidence rate. This rate evaluates the number of workdays lost to occupational injuries and illnesses and measures the severity of the illnesses and injuries occurring, and the effectiveness of our return-to-work efforts. I am pleased to report that overall, the Lost Workday Incidence Rate for DPH decreased from 122.3 in 1993 to 116.2 in 1994, which is a decrease of 5%. Therefore, while more individuals are reporting occupational injuries and illnesses, the injuries/illnesses being reported are less severe, and less time is being lost from work. Lost Work Day Incidence Rates for each of the major Divisions, and the overall DPH rate, are provided below:

LOST WORKDAY INCIDENCE RATES

Division	January/ December 1993	January/ December 1994	% Change
Central Office	67.5	57.4	15.0% decrease
Mental Health	70.9	57.5	18.9% decrease
Laguna Honda Hospital	220.7	179.8	18.5% decrease
San Francisco General Hosp.	98.3	115.1	17.1% increase
Total DPH	122.3	116.2	5.01% decrease

Relating injury and illness statistics to workers' compensation costs is somewhat difficult as OSH statistics are measured on a calendar year, as legally mandated, and workers' compensation data is maintained on a fiscal year. However, we can compare injury/illness rates and workers' compensation costs for the period July-December 1993 and July-December 1994. For this period, the incidence rate decreased by 11.7%, the lost work day incidence rate decreased by 2.2%, and workers' compensation costs decreased by 1.9%.

As we transition to the new medical treatment facility at San Francisco Occupational Health Services (SFOHS), we may see an increase in the number of injuries/illnesses reported, but expect to see a decrease in the lost workday incidence rate and in our workers' compensation costs. We may see an increase in the number of injuries/illnesses reported (the incidence rate) as we will again be training all DPH supervisors on appropriate procedures for reporting injuries and illnesses. We hope that a closer working relationship between our supervisors and SFOHS will facilitate early return-to-work, and decrease our workers' compensation costs. It is expected that the new medical treatment facility will come on-line on April 24, 1995, and we anticipate training all DPH supervisors and managers in April 1995.

I will provide updates on our injury/illness rate date and workers' compensation costs in future reports.

SAN FRANCISCO GENERAL HOSPITAL

Change in Pharmacy Management

On March 14, 1995, SFGH named Dwight Starr as the Interim Director of Pharmacy. He is a pharmacist with over 17 years experience in pharmacy management. Dwight has been asked to evaluate the existing pharmacy management over the next six months and to develop recommendations for a permanent management structure. He has also been directed to immediately implement programs which address a variety of internal and external operational issues. Over the past two weeks the pharmacy has expanded hours of service, initiated direct contact with physicians to speed up prescription delivery, and developed action plans designed to provide priority prescriptions within 30 minutes and routine prescriptions within one hour. Dwight is developing a sampling methodology which will effectively measure actual wait times in relationship to these standards.

Diversion

In March, Critical Care diverted 82 hours and 13 minutes or 13.2%. Average census at time of diversion was 27 patients.

LAGUNA HONDA HOSPITAL

Bruce Vladeck, Ph.D. Visit to LHH

Bruce Vladeck, Administrator of Health Care Financing (HCFA) will visit the Laguna Honda campus for a briefing and tour on Tuesday, May 9th. Mr. Vladeck, Dr. Sandra Hernàndez, members of the LHH Management Team, as well as members of the DPH Executive Staff will brief the Administrator on Long Term Care issues facing the City and County of San Francisco.

Educational Program

On April 29, the Hospital will be the site for an educational program entitled, "Pharmaceutical Management of the Subacute Patient in Long -Term Care". Laguna Honda pharmacists are involved with program coordination and planning, and the program is being sponsored by California Geriatric Education Center, an interdisciplinary center of the University of California campuses at Davis, Los Angeles and San Francisco. Pharmacists, physicians, nurses, dietitians, gerontologists, administrators, and other professionals who practice in Northern California, and who are interested in learning more about pharmaceutical care of subacute patients in a long term care facility are invited to register for the program. If you are interested, please contact Debra Leitner at 664-1580 Ext. 2859.

MENTAL HEALTH SERVICES/ SUBSTANCE ABUSE

Follow-up on Mutual Assistance to Monterey County

The Watsonville Red Cross Shelter will remain open until mid-April, due to the large number of individuals (approximately 500) including many families with children, still using the shelter. Monterey County is requesting that San Francisco provide one additional team of four Spanish-speaking staff to assist them at the shelter from April 10-14. We are checking Children's Services and other staff in Adult and Geriatric Services regarding their availability during this period.

The first team composed of: Marta Rangel (DMS Administration who served as team leader), Galileo Medrano (Mission Adult Day Treatment); Sylvia Solorzano and Nora Zapata Krey (Mission Mental Health Services) provided disaster crisis counseling, outreach and debriefing services at the Watsonville shelter from March 25 - 29th. They reported that the vast majority of individuals using the shelter were Spanish-speaking residents of Pajaro, many of the children being sheltered were ill A large number of those in the shelter were left unemployed due to the flooding that occurred on the farmland and many lost all their personal belongings. Homes are still without utilities, water may be unsafe to use and mud is everywhere. The Red Cross does not have sufficient Spanish-speaking capability at the shelter, thus making the situation more difficult.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Cryptosporidium

Last week, the Health and Public Safety Committee of the Board of Supervisors held a public hearing on the quality of the water supply in San Francisco. The hearing, which was sponsored by Supervisor Migden, focused on whether the water supply was contaminated with cryptosporidium. Cryptosporidium is a parasite which causes self-limited diarrhea in healthy persons, and severe unrelenting diarrhea in persons with AIDS or other serious immune deficiencies. There have been water-borne epidemics of cryptosporidium in other cities, most notably Milwaukee, due to inadequate water treatment.

The quality of water in San Francisco is very high. Although cryptosporidium can be found in our water, the concentration is extremely low, probably below the dose necessary to infect someone

There were more than a hundred cases of cryptosporidium in San Francisco residents last year, most of whom had AIDS. Epidemiologic data suggests that most cases of cryptosporidium in persons with AIDS is due to sexual transmission with fecal contamination. Because of the concern that run-off from recent storms might jeopardize the quality of San Francisco water, Supervisor Migden has introduced a resolution urging the Public Utilities Commission to do all it can to protect the water supply, including testing for cryptosporidium and issuing proper warnings. Her resolution also urges the Health Commission to continue education to the San Francisco community on the risk of cryptosporidium.

AIDS, EPIDEMIOLOGY AND DISEASE CONTROL

STD/HIV Prevention Training Center

The STD Prevention Training Center (PTC), a joint project of San Francisco Department of Public Health and the University of California, San Francisco, School of Medicine, was notified by the CDC on March 16, 1995, that its competitive grant application was approved for funding in all three categories applied for: clinical, behavioral intervention, and partner counseling training. Ten awards were given throughout the country for the clinical component, four for behavioral intervention training, and four for partner counseling. San Francisco was one of only three PTCs nation-wide (SF, Denver, and New York State) that were awarded all three components. SFDPH will receive a total of $826,573.

The San Francisco PTC will continue to provide clinical STD/HIV training for health care professionals in Region IX (California, Nevada, Arizona, Hawaii, and Pacific Islands) under the clinical component but will develop and utilize distance-learning methods for training, such as home-based course manuals, audio and videotapes, interactive CD ROM programs, and video teleconferences. For the behavioral intervention component, the San Francisco PTC staff will train individuals who have direct, face-to-face contact with persons at risk for STD/HIV in a street or clinic-based setting, to encourage client adoption of risk reduction behaviors. The partner counseling component (formerly partner notification and referral) will consist of training for Disease Control Investigators in epidemiology and surveillance, client-centered counseling, and HIV/STD partner notification and referral.

Commissioner Shriver commented on the need for members of the Board of Supervisors to seek technical and clinical consultation from the Department on issues relating to health. Commissioner Chow encouraged the Department to inform the Board of Supervisors of the Department's availability for consultation. Commissioner Gadberry suggested the Commission send a letter to the Board of Supervisors on the Department's availability for consultation on health-related issues coming before the Board.

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

See Director's Report.

Dr. Hernández and the Executive Staff will continue their on-going dialogue with the Mayor's budget staff. Vice President Chow commented that the meeting with the Mayor gave the Department some hope for the budget.

6) **CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER CALIFORNIA PACIFIC MEDICAL CENTER'S TRANSFER OF SKILLED NURSING AND ACUTE REHABILITATION FACILITIES AT THE GARDEN CAMPUS AND SKILLED NURSING UNIT AT THE CALIFORNIA CAMPUS TO GUARDIAN FOUNDATION WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICES OF THE COMMUNITY**

Action Taken: The Commission adopted Resolution #10-95, "Determining Whether California Pacific Medical Center's Transfer of Skilled Nursing and Acute Rehabilitation Facilities at the Garden Campus and Skilled Nursing Unit at the California Campus to Guardian Foundation will or Will not be Detrimental to the Health Services of the Community", (Attachment A).

7) **CONSIDERATION OF A PROPOSED AMENDMENT TO PART II, CHAPTER V, OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) THAT AUTHORIZES THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT AND THE SAN FRANCISCO POLICE DEPARTMENT TO ENFORCE THE PROVISIONS OF THE STATE LABOR CODE WHICH REGULATES SMOKING IN ENCLOSED PLACES OF EMPLOYMENT TO INCLUDE RESTAURANTS**

Action Taken. The Commission approved the proposed amendment to Part II, Chapter V, of the San Francisco Municipal Code (Health Code) That Authorizes the Bureau of Environmental Health Management and the San Francisco Police Department to Enforce the Provisions of the State Labor Code, Which regulates Smoking in Enclosed Places of Employment to Include Restaurants.

8) **CONSIDERATION OF A RESOLUTION AMENDING THE ADMINISTRATIVE CODE, SECTIONS 1.42 AND 1.33, DELEGATING AUTHORITY TO THE DIRECTOR OF HEALTH TO ENTER INTO AGREEMENTS WITHOUT APPROVAL BY THE BOARD OF SUPERVISORS FOR HOLD HARMLESS PROVISIONS IN AGREEMENTS OF LESS THAN $1.0 MILLION**

Action Taken: The Commission approved Resolution #11-95, "Amending the Administrative Code Regarding Hold Harmless Agreements," (Attachment B)

9) **OVERVIEW OF CHILDREN'S HEALTH SERVICES AND PLANNING INITIATIVES**

Dr. Abner Boles, Children's Services Planner, introduced the following Department staff who gave an overview and status of the Department's comprehensive Child Health Programs:

Mildred Crear
Virginia Smyly
Janet Shalwitz
Richard Brown

Jacob Moody
Joanna Uribe
Reiko True

For a copy of the report, call the Commission Office (554-2666).

The areas covered were:

- Child, Youth Health Services Administration.
- Data and Information.
- Major Planning Efforts and Collaborations
    - San Francisco's Collaborative Planning Committee for Children, Youth and Their Families
    - Family Preservation and Support Program.
    - Healthy Start
    - Children's Fund
    - Violence Prevention Network.
- Policy Issues

Dr. Boles summarized as follows:

The Child, Adolescent and Family Health Report should be the beginning of more comprehensive review, dialogue, data collection and service integration of children and youth focused planning efforts into the mainstream of the every day work of the Department. Regular updates and reports are necessary for the Health Commission, the Department and concerned citizens to keep abreast of the ever changing and challenging environments in San Francisco that are struggling with comprehensive care for children, youth and their families. More aggressive efforts are needed to insure that policy, planning and programmatic changes and shifts that, although are not always clear, but will be necessary in the immediate future, will be made with children and youth in mind. One reality is that effective health care systems that seek to be financially solvent must address the needs of children and youth to reduce and prevent greater and more costly health care services in the future.

By no means is the report presented here exhaustive or complete, not all of the numerous programs that service children, youth and families identified or elucidated, nor are all the necessary or likely indicators of health status reviewed or assessed. What is presented here is a snapshot of the development of a comprehensive system that is attempting to address integration needs, participate in collaborative opportunities and enhance outcomes for children and youth through effective service delivery, foresight and planning, and appropriate structure and design. Clearly, this is just the beginning, the environment is forever changing and difficult decisions are ahead, but the principles that need to drive the comprehensive health service system for children, youth and families are recognized and the challenge has been accepted.

Commissioners were also given organizational charts, program descriptions, and two other reports: The Health and Well-Being of Children in San Francisco (1994), and Newcomer Children in San Francisco (Their Health and Well-Being).

Commissioners' comments:

- Suggested the dissemination of this report to a large network, including private foundations and funders.
- Pointed out the area of substance abuse needs to be included and enhanced.
- Encouraged the Department to have feedback from youth on this report and to involve youth in policy formation.
- Need to include data on homeless and HIV youth.
- Data should be used to drive planning efforts. How will the managed care environment address children's needs?
- Violence to be seen by the media as a public health problem.

The Commission thanked the Department for the report and requested that policy issues, with a focus on coordination and integration, be brought back to the Commission.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT OF AN UNLITIGATED CLAIM OF PETER GENTILE IN THE SUM OF $18,000 PLUS INTEREST, AND ATTORNEY'S FEES OF $10,000 PLUS INTEREST

Action Taken: The Commission approved the settlement and chose not to disclose discussed information to the public.

The meeting was adjourned at 5:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-95

DETERMINING WHETHER CALIFORNIA PACIFIC MEDICAL CENTER'S TRANSFER OF SKILLED NURSING AND ACUTE REHABILITATION FACILITIES AT THE GARDEN CAMPUS, AND SKILLED NURSING UNIT AT THE CALIFORNIA CAMPUS TO GUARDIAN FOUNDATION, WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICES OF THE COMMUNITY

WHEREAS, as part of its Strategic Plan, California Pacific Medical Center (CPMC) proposes to lease the Garden Campus to Guardian Foundation, which would operate the facility under its own license; and,

WHEREAS, Guardian Foundation would expand the availability of post-acute services to the San Francisco community and ensure the continuation of the quality continuum of care to patients; and,

WHEREAS, under a separate agreement, Guardian would also manage the Skilled Nursing Unit on the California Campus, with CPMC continuing to own this unit; and,

WHEREAS, the services of Guardian would include.

- All existing services and programs will continue and will be transferred to the California Campus.
- Sixty-seven new beds created.
- A new Alzheimer's residential care program.
- Extended care for HIV convalescent and hospice patients.
- A full continuum of care, filling the gap between acute care and home care.
- Expanded service for long term Medi-Cal patients.
- Extensive renovation of the facility by local union labor.

WHEREAS, in accordance with the Health Care Planning Ordinance, a public hearing was held on March 7, 1995; now, therefore, be it

RESOLVED, that the Health Commission determines that California Pacific Medical Center's transfer of skilled nursing and acute rehabilitation facilities at the Garden Campus and Skilled Nursing Unit at the California Campus to Guardian Foundation will not be detrimental to the health services of the community and that more services will be available to the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 4, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-95

AMENDING THE ADMINISTRATIVE CODE REGARDING HOLD HARMLESS AGREEMENTS

WHEREAS, under the San Francisco Charter, contracts involving revenues of less than one million dollars do not require the approval of the Board of Supervisors; and,

WHEREAS, regardless of the types of services or amount of revenue involved in a contract, departments do not have the authority to enter into Hold Harmless Agreements without the express authorization of the Board of Supervisors; and,

WHEREAS, as a consequence of this limitation on Hold Harmless Agreements, the Health Department spends a fair amount of administrative time and overhead in obtaining Board approval for contracts that are only going through the Board process due to the inclusion of a Hold Harmless provision; and,

WHEREAS, as a further consequence of this limitation, ordinances have been passed in an inconsistent and piecemeal fashion to address the limitations on Hold Harmless Agreements; and,

WHEREAS, the proposed amendments would delegate the authority to the Director of Health to enter into agreements that would not go to the Board of Supervisors for approval, except for the inclusion of a Hold Harmless provision, and,

WHEREAS, the proposed amendments would not diminish the liability of the Department's contractor's or increase the liability of the City; and,

WHEREAS, the proposed amendments will lead to improved administrative efficiencies; now, therefore, be it

RESOLVED, that the San Francisco Health Commission hereby approves the proposed amendments to Sections 1.42 and 1.33 of the San Francisco Administrative Code and urges the Board of Supervisors and the Mayor to approve these amendments

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 4, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President
Edward A. Chow, M.D.
Vice President
Rebecca P. Castaneda, D.D.S.
Commissioner
Sharon Gadberry, Ph.D.
Commissioner
Margel F. Kaufman
Commissioner
Helen B. Ripple, R.N., M.S.N.
Commissioner
Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

April 18, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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18/95

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 4, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of a proposed amendment to the San Francisco Municipal Code (Health Code) which authorizes an agreement to make the Department of Public Health a preferred provider of medical services under the City administered health plan, and consideration of the contract between the Department of Public Health and the Health Services System.

(3.2) CHS - AIDS - Sole Source request and a new contract with Shanti Project Inc., in the amount of $384,846 for a twelve month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996 (DPH contracted with Shanti Project for services totaling $2,402,305 in FY 1993-94).

(3.3) CHS - AIDS- New contract with Haight Ashbury Free Clinics, Inc., in the amount of $135,750, to provide HIV/AIDS Prevention Education Services for the period of May 1, 1995 through June 30, 1996. (DPH contracted with Haight Ashbury Free Clinic Inc services totaling $6,914,033 in FY 1993-94)

(3.4) CHS - AIDS - Renewal contract with University of California San Francisco Urban Health Study, in the amount of $466,849 to provide community-based AIDS prevention and education services to injection drug users, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with the Regents of the University California for services totaling $11,133,892 in FY 1994-95 exclusive of the Affiliation Agreement).

(3.5) CHS - Maternal and Child Health - Retroactive renewal of a two-year contract with UCSF/SFGH, in the amount of $133,500 per year to provide for comprehensive family planning encounters, reproductive health education information and referrals to teens in the Mission District of San Francisco, for the period of January 1, 1994 through December 31, 1995. (DPH contracted with the Regents of the University California for services totaling $11,133,892 in FY 1994-95 exclusive of the Affiliation Agreement)

(3.6) CHS/DMSF - A resolution pertaining to FY 1995-96 renewal contracts, giving authorization to extend the terms of the FY 1994-95 contracts listed on an interim month-to-month basis at the 1994-95 or 1995-96 contract rates whichever is lower; through December 31, 1995 or until the FY 1995-96 contracts are certified by the City Controller, whichever comes firsts; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

Alameda County
Arriba Juntos - IAL
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
Catholic Charities of San Francisco
Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
MV Transportation
Oakes Children's Center
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at
  San Francisco General Hospital)
Regents of the University of California (Langley Porter Psychiatric Hospital)

COMMUNITY MENTAL HEALTH SERVICES

Richmond Area Multi-Services, Inc.
Saint Francis Memorial Hospital
St. Mary Pharmacy Management Services
St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
San Francisco Drug Abuse Advisory Board (DAAB/CAAB)
San Francisco Mental Health Education Funds, Inc. (MHAB & CAAB)
San Francisco Study Center
San Francisco Suicide Prevention, Inc.
The County of San Mateo
Swords to Plowshares
Volunteer Center of San Francisco
Westside Community Mental Health Center, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
Bay Area Addiction Research and Treatment, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Pacific Mental Health Services, Inc. (Operation Concern)
Center for Human Development, Inc.
Center on Juvenile and Criminal Justice, Inc.
Chemical Awareness & Treatment Services, Inc.
Eclectic Communication, Inc.
18th Street Services, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc
Horizons Unlimited of San Francisco, Inc.
Iris Center: Women's Counseling and Recovery Services, Inc.
Jelani House
Larkin Street Youth Center
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc
Morrisania West, Inc.
National Council on Alcoholism and other Drug Addictions- Bay Area, Inc.
North of Market Senior Services, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Potrero Hill Neighborhood House, Inc.
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, -
San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)

COMMUNITY SUBSTANCE ABUSE SERVICES (Cont'd.)

San Francisco Pretrial Diversion Project, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.
Youth Leadership Institute

FORENSIC SERVICES

Carolyn K. Harvey, D.P.M.
CompuMed, Inc.
Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
Mobile X/Corrections Diagnostic Services
Western Dental Services, Inc.

COMMUNITY PUBLIC HEALTH SERVICES

Bayview Hunter's Point Foundation for Community Improvement, Inc. -
  Critical Incident Response Team
Bayview Hunter's Point-Adult Day Health Center, Multipurpose Senior Center
Bayview Hunters Point Mental Health Services-Case Management for Homeless Population
California Association for Health, Education, Employment and Dignity (CAHEED)
California College of Podiatric Medicine
Catholic Charities-Case Management for Homeless, Peter Claver Community House
Central City Hospitality House
Chronic Fatigue Immune Dysfunction Syndrome Foundation
Haight Ashbury Free Clinics, Inc.

COMMUNITY PUBLIC HEALTH SERVICES

Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services
Regents of the University of California (Radiology Services)

TOBACCO FREE PROJECT

Bayview Hunter's Point Foundation
Maureen O'Rorke Public Relations
Mission Neighborhood Health Center
Polaris Research and Development

AIDS OFFICE

AIDS Benefits Counselors
AIDS Emergency Fund
AIDS Legal Referral Panel
American College of Traditional Chinese Medicine
Ark of Refuge
Baker Places, Inc.
Bar Association of San Francisco
Bay Area Young Positives
Bayview Hunter's Point Foundation
Black Coalition on AIDS
California Pacific Medical Center-HIV Center
California Pacific Medical Center-Visiting Nurses and Hospice
Catholic Charities
Chemical Awareness and Treatment Services
Coming Home
Continuum HIV Day Services
Eighteenth Street Services
Family Service Agency
Filipino Task Force on AIDS
GAPA Community HIV Project
Glide Foundation
Golden Gate Community-Bridge for Kids
Home Care Companions
Haight Ashbury Free Clinics, Inc.
Hartford Street Zen Center-Maitri AIDS Hospice
Institute for Traditional Medicine-Immune Enhancement Program
Instituto Familiar de la Raza
Iris Center
Larkin Street Youth Services
Legal Services for Children
Lutheran Social Services
Lyon Martin Women's Health
Marin County Department of Health and Human Services
Mission Neighborhood Health Center
National Associated for the Visually Handicapped
National Task Force on AIDS Prevention
Operation Concern
Planned Parenthood -PHREDA
Professional Management Development Corporation
Project Open Hand
Rose Resnick Lighthouse for the Blind
Saint Mary's Medical Center
Salvation Army-Harbor Light
Salvation Army-Senior Meals

AIDS OFFICE (Cont'd.)

San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Network Ministries-Tenderloin AIDS Resource Center
San Francisco Suicide Prevention
San Mateo County Department of Health Services
Shanti Project
Support Center
UCSF - AIDS Health Project
UCSF - Center on Deafness
UCSF - Pediatric Immunology
UCSF - Women's Specialty Clinic
UCSF - Substance Abuse Services
University of the Pacific-School of Dentistry
Walden House
Westside Community Mental Health Center

(3.7) DMS - CMHS - BAOS - First modification to the contract with San Francisco Study Center in the amount of $150,228. This modification will transfer the Community Vocational Services from the California Pacific contract to the San Francisco Study Center contract for the period of May 1, 1995 through June 30, 1998 (DPH contracted with San Francisco Study Center for services totaling $171,750 in FY 1994-95).

(3.8) DPH - Approval of 1994-1995 and 1995-1996 Agreement with the State Department of Health Services for Medi-Cal Administration Claiming. This represents a renewal of the 1992-1993 and 1993-1994 Agreement which expires on July 1, 1995.

(3.9) DPH - Approval of a supplemental appropriation request for $775,749 in General Funds to cover costs associated with the 1994-95 Memorandum of Understanding with Registered Nurses and to cover increases for nurses' dental coverage for FY 1995-96.

(3.10) LHH- Medical Services - Resolution to approve a Proposition J contract for the provision of inpatient dental services at Laguna Honda Hospital (LHH), for the period of one year; costs reimbursed through third-party payers.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández)

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

6) CONSIDERATION OF A RESOLUTION INDICATING THE HEALTH COMMISSION'S ENDORSEMENT OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

7) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION, SUPERIOR COURT NO. 932-772, ALEXANDER WOODRUFF, JR. VS. THE CITY AND COUNTY OF SAN FRANCISCO ET AL, IN THE SUM OF $399,267.00**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President
Edward A. Chow, M.D.
Vice President
Rebecca P. Castaneda, D.D.S.
Commissioner
Sharon Gadberry, Ph.D.
Commissioner
Margel F. Kaufman
Commissioner
Helen B. Ripple, R.N., M.S.N.
Commissioner
Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 18, 1995
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Sharon Gadberry, Ph.D
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Michael D. Shriver

Absent: Commissioner Edward A. Chow, M.D
Commissioner Helen B. Ripple, R.N., M.S.N

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 4, 1995

Action Taken: The Commission adopted the minutes of April 4, 1995

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of a proposed amendment to the San Francisco Municipal Code (Health Code) which authorizes an agreement to make the Department of Public Health a preferred provider of medical services under the City administered health plan, and consideration of the contract between the Department of Public Health and the Health Services System. (See attached Resolution 12-95, "Approving an Amendment to the San Francisco Municipal Code Authorizing an Agreement to Make the Department of Public Health a Preferred Provider Under the City Administered Health Plan", (Attachment A).

(3.2) CHS - AIDS - Sole Source request and a new contract with Shanti Project Inc., in the amount of $384,846 for a twelve month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996. (DPH contracted with Shanti Project for services totaling $2,402,305 in FY 1993-94).

> Commissioner Kaufman requested a confirmation letter on the contractor's responses to the May 1, 1995 deadline for various compliance issues. This contract will be scheduled for the Budget Committee monthly for the next six months to provide progress on compliance issues. After the first three months, a determination of whether this contract should go out to bid will be made. Additionally, the Commission requested Shanti to bring to the Commission a plan on its debt repayment to the City.
>
> Commissioner Castaneda voiced her objection to this sole source designation to Shanti.

(3.3) CHS - AIDS- New contract with Haight Ashbury Free Clinics, Inc., in the amount of $135,750, to provide HIV/AIDS Prevention Education Services for the period of May 1, 1995 through June 30, 1996. (DPH contracted with Haight Ashbury Free Clinic Inc services totaling $6,914,033 in FY 1993-94).

> Commissioner Castaneda expressed her concern for coordination of services to avoid duplicative services.
>
> Commissioner Shriver requested that for the May 2, 1995 Budget Committee agenda, an update be presented demonstrating the contractor's linkages and collaboration with the homeless youth network and other drug treatment programs.

(3.4) CHS - AIDS - Renewal contract with University of California San Francisco Urban Health Study, in the amount of $466,849 to provide community-based AIDS prevention and education services to injection drug users, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with the Regents of the University California for services totaling $11,133,892 in FY 1994-95 exclusive of the Affiliation Agreement).

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> Commissioner Shriver requested a copy of the contractor's current demographics of the staff, clients, and Board of Directors.

(3.6) CHS/DMSF - A resolution pertaining to FY 1995-96 renewal contracts, giving authorization to extend the terms of the FY 1994-95 contracts listed on an interim month-to-month basis at the 1994-95 or 1995-96 contract rates whichever is lower; through December 31, 1995 or until the FY 1995-96 contracts are certified by the City Controller, whichever comes firsts; thus avoiding possible financial hardship to the contractors.

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Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
MV Transportation
Oakes Children's Center
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at SFGH)
Regents of the University of California (Langley Porter Psychiatric Hospital)
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Saint Francis Memorial Hospital
St. Mary Pharmacy Management Services
St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
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San Francisco Suicide Prevention, Inc.
The County of San Mateo
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Eclectic Communication, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES (Cont'd.)

18th Street Services, Inc.
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Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Iris Center: Women's Counseling and Recovery Services, Inc.
Jelani House
Larkin Street Youth Center
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
Morrisania West, Inc.
National Council on Alcoholism and other Drug Addictions - Bay Area, Inc.
North of Market Senior Services, Inc.
Potrero Hill Neighborhood House, Inc.
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Regents of the University of California (PACE Project at Ward 93, SFGH)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Pretrial Diversion Project, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.
Youth Leadership Institute

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Bayview Hunter's Point-Adult Day Health Center, Multipurpose Senior Center
Bayview Hunters Point Mental Health Services-Case Management for Homeless Population
California Association for Health, Education, Employment and Dignity (CAHEED)
California College of Podiatric Medicine
Catholic Charities - Case Management for Homeless, Peter Claver Community House
Central City Hospitality House
Chronic Fatigue Immune Dysfunction Syndrome Foundation
Haight Ashbury Free Clinics, Inc.
Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services
Regents of the University of California (Radiology Services)

TOBACCO FREE PROJECT

Bayview Hunter's Point Foundation
Maureen O'Rorke Public Relations
Mission Neighborhood Health Center
Polaris Research and Development

AIDS OFFICE

AIDS Benefits Counselors
AIDS Emergency Fund
AIDS Legal Referral Panel
American College of Traditional Chinese Medicine
Ark of Refuge
Baker Places, Inc.
Bar Association of San Francisco
Bay Area Young Positives
Bayview Hunter's Point Foundation
Black Coalition on AIDS
California Pacific Medical Center - HIV Center
California Pacific Medical Center - Visiting Nurses and Hospice
Catholic Charities
Chemical Awareness and Treatment Services
Coming Home
Continuum HIV Day Services
Eighteenth Street Services
Family Service Agency
Filipino Task Force on AIDS
GAPA Community HIV Project
Glide Foundation
Golden Gate Community -Bridge for Kids
Home Care Companions
Haight Ashbury Free Clinics, Inc.
Hartford Street Zen Center - Maitri AIDS Hospice
Institute for Traditional Medicine - Immune Enhancement Program
Instituto Familiar de la Raza
Iris Center
Larkin Street Youth Services
Legal Services for Children
Lutheran Social Services
Lyon Martin Women's Health
Marin County Department of Health and Human Services
Mission Neighborhood Health Center
National Associated for the Visually Handicapped
National Task Force on AIDS Prevention
Operation Concern
Planned Parenthood - PHREDA
Professional Management Development Corporation
Project Open Hand

AIDS OFFICE (Cont'd.)

Rose Resnick Lighthouse for the Blind
Saint Mary's Medical Center
Salvation Army - Harbor Light
Salvation Army - Senior Meals
San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Network Ministries - Tenderloin AIDS Resource Center
San Francisco Suicide Prevention
San Mateo County Department of Health Services
Shanti Project
Support Center
UCSF - AIDS Health Project
UCSF - Center on Deafness
UCSF - Pediatric Immunology
UCSF - Women's Specialty Clinic
UCSF - Substance Abuse Services
University of the Pacific-School of Dentistry
Walden House
Westside Community Mental Health Center

(3.7) DMS - CMHS - BAOS - First modification to the contract with San Francisco Study Center in the amount of $150,228. This modification will transfer the Community Vocational Services from the California Pacific contract to the San Francisco Study Center contract for the period of May 1, 1995 through June 30, 1998 (DPH contracted with San Francisco Study Center for services totaling $171,750 in FY 1994-95).

(3.8) DPH - Approval of 1994-1995 and 1995-1996 Agreement with the State Department of Health Services for Medi-Cal Administration Claiming. This represents a renewal of the 1992-1993 and 1993-1994 Agreement which expires on July 1, 1995.

(3.9) DPH - Approval of a supplemental appropriation request for $775,749 in General Funds to cover costs associated with the 1994-95 Memorandum of Understanding with Registered Nurses and to cover increases for nurses' dental coverage for FY 1995-96.

Commissioner Castaneda expressed concern over the high rates for dental coverage.

(3.10) LHH- Medical Services - Resolution to approve a Proposition J contract for the provision of inpatient dental services at Laguna Honda Hospital (LHH), for the period of one year; costs reimbursed through third-party payers.

Commissioner Castaneda stated that there has been an increase in the State reimbursement for dental services.

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman, Shriver) approved items 3.1, 3.4, 3.5, 3.6, 3.7, 3.8,. 3.9 and 3.10.

The Commission (Jackson, Gadberry, Kaufman, Shriver) approved item 3.2 with specific follow-up requests. Commissioner Castaneda dissented.

The Commission (Jackson, Castaneda, Gadberry, Kaufman, Shriver) approved item 3.3 with specific follow-up requests.

President Jackson announced that due to an update from Dr. Martin Brotman, President of California Pacific Medical Center, the May 2, 1995, 5:00 p.m. public hearing has been canceled. Dr. Brotman reported to President Jackson that there will be no reduction of services at the Emergency Department of the California Campus.

4) DIRECTOR'S REPORT

(Sandra Hernández, M.D., Director of Health)

MANAGED CARE

Managed Care Publication

Last week, the first issue of Managed Care Update, a newsletter of the Community Health Network of San Francisco was published. The newsletter is an opportunity to keep our staff and clients informed about managed care developments and the changes that managed care will bring. The Community Health Network of San Francisco is the integrated delivery system for managed care. The Network is overseen by the PHO.

Managed care has already brought significant changes to the Department. The Department is restructuring its delivery system, taking a critical look at our image in the community and entering into Medi-Cal managed care contracts to gain experience in managing care. As the Department makes these and other changes in preparation for managed care, I believe that it's crucial to have all staff informed about managed care. The PHO's goal is to issue this newsletter on a biweekly basis starting in early summer.

I'd like to extend my thanks to Diane Miller, Gloria Rodriquez, Alice Trinkl, Marianne Balin and the Planning and Management Services Department at SFGH for their terrific work in publishing the first issue of this newsletter.

Managed Care Implementation Forum

Tomorrow, the PHO will hold a forum on Medi-Cal Managed Care Implementation. The meeting will be held from 1:30 p.m. to 4:00 p.m. in Carr Auditorium on the SFGH Campus. The purpose of the meeting is threefold: (1) to update providers on market and legislative changes, (2) to describe the changes and improvements in our delivery system and (3) to offer a forum for dialogue and collaboration with providers. In November 1994, the PHO held a similar forum on managed care and will continue to hold these forums on a periodic basis. The forum will be attended by providers and medical directors from the CPG, CPHS and the San Francisco Community Clinic Consortium. In addition, representatives from DMSF and LHH have been invited to attend this meeting. As with the PHO newsletter, the PHO believes that it is important to maintain regular and open communication on managed care developments.

Gateway Health Center

Gateway Health Center at San Francisco General Hospital was established to provide a friendly, controlled environment in which to serve the Medi-Cal managed care patients enrolled through PacifiCare who elect to receive their care at SFGH.

Ten physicians representing Pediatrics, Family Medicine, Internal Medicine and OB/GYN and a certified nurse midwife now staff the clinic.

The clinic passed its PacifiCare inspection on March 10 with a perfect score and began to see patients April 3. During the first month of enrollment approximately 50% of DPH's PacifiCare members have chosen Gateway - and almost half of these are children.

Gateway is located on the first floor of Building 9. The Clinic hours are 8:30 to 5:00 Monday through Friday. An open house was held on April 7 to acquaint hospital employees with the clinic.

Commercial Requests for Applications

Yesterday, was the State's deadline for submitting responses to the commercial plan Request For Application. Nine health maintenance organizations submitted letters of intent to apply for the single commercial plan contract for Medi-Cal managed care. The Department does not know how many, or which, plans eventually submitted responses to provide health care services under the State's two-plan model. When, and if, this information becomes available, we will inform the Commission.

Medi-Cal Managed Care Capitation Rates

The Department is still undergoing an analysis of the impact of the capitation rates on Medi-Cal revenues. While there is still some confusion surrounding the methodology used by the State to develop the capitation rates, the following concerns have come to light in our analysis:

- The State used Santa Barbara Health Initiative utilization and cost per unit data to derive the capitation rates. This has serious shortcomings given that Santa Barbara is not comparable to our county or any of the remaining 11 counties in terms of demographics, utilization, relative aid codes, and health care costs.

- Federally Qualified Health Center interim rate expenditures were included in the pool of funds available for the capitation rate. As a result, local initiatives and commercial plans will be at risk for FQHC interim rate reimbursement. The State has shifted this risk to the health plans which must pay FQHCs their interim rate from our monthly capitation revenues. Of particular concern to the Department is that San Francisco Health Authority's capitation rate does not include DPH's FQHC reimbursement and visit history

- There is no separate or distinct capitation rate for persons with AIDS. The State has decided to eliminate this specific capitation rate under the two-plan model. According to the State, the capitation rates have been calculated to reflect Medi-Cal beneficiaries with AIDS.

- There is no significant difference between capitation rate for the local Initiative and the capitation rate for the Commercial Plan. Preserving safety net providers will be extremely difficult for the Local Initiative with the capitation rates offered by the State.

Senator Watson from Los Angeles is holding a special hearing in Sacramento on May 3rd on the issue of the capitation rates.

The Department will work with the State and the other eleven counties to addresses these and other issues surrounding the capitation rates.

ADMINISTRATION

Information Systems Implementation

During the weekend of April 8th, DPH took its first step toward implementing an integrated information system throughout the Department. The SFGH Information System was migrated from the obsolete mainframe computer at DPH Data Center at 1380 Howard Street to the SMS Information Services Center located in Malvern, Pennsylvania. This was the culmination of months of work and required cooperation between DPH administrative staff, SFGH staff and SMS personnel. This is the first in a series of deliverables in our partnership with SMS to bring about the community health network. The project was completed on time, on budget, with response times exceeding expectation.

The network infrastructure that was installed will serve as the foundation for all future clinical, financial and administrative information systems. Phase II of the implementation will start in May when work on several major Department wide clinical systems begins. These systems, which are scheduled to be operational in FY 1995 - 96, will include a lifetime clinical record, on-line orders and results, a directory containing Department wide patient identifiers and systems for ambulatory care and managed care administration.

Congratulations go to all the personnel responsible for the success. Special thanks to: the teams of technicians who tested the system and roamed the hospital making sure all terminals and printers were working after the conversion; to the registration, bed control and medical records personnel who struggled to find the names of more than 260 individuals on microfiche over the 24 hours the system was down; and to the registration team that worked through the night to backload data from the time the system went down. Everyone who worked on the project was rewarded with the enthusiastic user response to the dramatically improved performance of the scheduling, registration and financial functions of the system.

SAN FRANCISCO GENERAL HOSPITAL

Paramedic Division Medical Director

I am extremely happy to report that Marshall Isaacs has been named the permanent Medical Director of the SFGH/Paramedic Division. Marshall has served ably as the Interim Medical Director since April 1994 and has demonstrated his ability, talent and commitment in delivering pre-hospital care in San Francisco.

CALS Survey

As you know, the triennial Consolidated Accreditation and Licensure Survey (CALS) is scheduled for the fourth quarter of 1995 at San Francisco General Hospital. The CALS program results in the accreditation and licensure of acute care hospitals.

A Joint Commission on Healthcare Organizations (JCAHO) survey was conducted April 11-13 to assess CALS readiness. The survey team included a JCAHO Nurse, CMA Physician, and a JCAHO Administrator. The team visited a sample of inpatient and outpatient care areas, in addition to conducting interview conferences. The survey was very informative and highlighted a number of areas where we will now focus attention to prepare for the CALS survey.

Health and Safety

The Emergency Department (ED) Assault Subcommittee of the Health & Safety Committee was formed in September 1993 in response to requests from ED clinicians for help in decreasing assaults on staff. The following measures were instituted: additional Institutional Police were assigned to the ED; access through the ED by vendors and staff was restricted; panic buttons were installed, assault prevention and response protocols were implemented; staff received violence and assault prevention training; and, ED service delivery was improved through development of the new "Fast Track" system. A walk through metal detection system is under consideration as part of upcoming ED renovations. The outcome of these activities was a 75% decrease in the number of assaults in the ED. Eighteen assaults were reported in 1993, 2 in 1994.

Diversion Statistics

Total diversion for April 1 through April 15 was 1 hour & 44 minutes or .4%. Critical Care was 30 hours and 40 minutes or 8.5%.

LAGUNA HONDA HOSPITAL

LHH Pursues SB 434 Grant Funding

Anthony Wagner reports that LHH's Plant Services Department has submitted a letter of intent to the County Transportation Authority to participate in SB 434 grant funding (Transportation Fund for Clean Air). The Hospital will apply for a $57,000 grant to convert the Hospital's entire fleet of 25 gasoline powered cars, vans, trucks, and buses to dual fuel capability using cleaner burning liquid propane gas. The County Transportation Authority, with the Board of Supervisors as its governing body, will be the City's formal applicant and recipient of the grant funds. No action is required of the Health Commission, but I will keep you updated on progress through the Director's Report. Announcement of grant award and receipt of funding is not expected until after July 1st. If successful, we will research availability of these funds for other DPH vehicles. I wish to join Mr. Wagner in commending Philippe Taquin, Chief Engineer at Laguna Honda, who designed this project and authored the grant application.

MENTAL HEALTH SERVICES/ SUBSTANCE ABUSE

Clay Street Residential Treatment Facility

The Planning Commission approved the Clay Street Residential Treatment facility which will be operated by Progress Foundation for mental health clients. This 16 bed program has been in process for many months and met with strong opposition by some neighborhood groups. Regrettably the approval included agreement to exclude any person who is a registered sex offender, or had been convicted of murder or arson. It is probable that the Planning Commission approval will be appealed to the Board of Supervisors by those neighbors protesting the site.

The Planning Commission has scheduled a public hearing April 20, at the request of those in opposition, demanding a moratorium on all approvals for Residential Programs in San Francisco until a City-wide plan is prepared. This would have a serious negative impact of service plans affecting Homeless, AIDS, Mental Health, Substance Abuse and Supported Housing efforts. The Department is preparing a presentation for the hearing on the effect of such a proposal.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Health and Public Safety Committee Hearing: Crab cooking Practices

Supervisor Alioto called a hearing last week before the Health and Public Safety Committee of the Board to discuss the wholesale crab cooking operations on Fish Alley. As you may recall, the Department recently cited these wholesalers for unsanitary cooking practices, and requested that protective overhead shelter be provided before the next crab season to avoid contamination from bird droppings and roof drainage.

Since our last report, I am pleased that all wholesale processors have voluntarily agreed to provide overhead shelters for their pots. Supervisor Alioto was concerned that the Department was hassling small businesses. However, the Health Department continues its mission to protect the public health and safety consistent with Federal, State and local health codes. We will continue to keep you informed on this issue.

Co-Generation Facility

Staff attended the California Energy Commission (CEC) Hearing on Tuesday, April 11, 1995. The purpose of the Hearing was for the CEC to hear testimony from the intervenors and the public regarding the Morgan Heights Homeowners Association's Motion for Stay of Site Certification Proceedings and to review preparation of the Preliminary Staff Assessment (PSA). Intervenors and Community members alike continue to question the sufficiency and finality of the project description and the status of responses. Issues are unresolved as to the existence of a valid contract between PG&E and the San Francisco Energy Company (SFEC) with the recent Federal Energy Regulatory Commission's (FREC) order invalidating the Biennial Resource Plan Update (BRPU) process. Subsequently, the California Public Utilities Commission (CPUC) March 16th order stayed all BRPU contracts creating uncertainty about the validity of the power purchase in the SFEC case. Intervenors are also concerned that SFEC may not have complied with the requirements of the California Environmental Quality Act (CEQA).

The Commission's decision, with respect to the Motion, will be released sometime after the Hearing. The PSA will be released not later than Friday, April 14, 1995 to all interested parties. Upon receipt of the PSA staff will, in coordination with the City Attorney's Office, respond as appropriate.

AIDS, EPIDEMIOLOGY AND DISEASE CONTROL

AIDS Office Supplemental HIV Prevention Award

The AIDS Office has received a supplemental HIV prevention award of $1.6 million from the Centers for Disease Control and Prevention. This was a competitive award, and San Francisco did well because of a very successful HIV community planning process. The money will be used primarily for unmet needs identified in the San Francisco Prevention Plan, specifically: prevention services for young gay and bisexual men, injection drug users, and women with high-risk sexual partners. A portion of the award will also be used to support the community prevention process and to conduct studies on the prevention needs of San Francisco residents.

MARCH STATISTICS

AIDS Statistics (from 7/1/81 to 3/31/95)

Total San Francisco cases:	21,109
Total San Francisco deaths	14,016
Total S.F. cases for March	184
Total S.F. deaths for March	136

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	296.6
Newborn Nursery:	15.8
Actual Patient Days (except newborns)	9,194
Newborn Nursery:	490
Admissions (except newborns):	1,530
Newborn Nursery:	131
Average Length of Stay (except newborns):	6.0
Newborn Nursery:	4.3

Discharge Patient Days (except newborns):	9,409
Newborn Nursery:	609
Discharges (except newborns):	1,558
Newborn Nursery:	143

Outpatient Visits

Primary Health	11,033
Family Health:	3,525
General Medicine:	2,141
Pediatric:	3,272
OB/GYN:	2,095
Specialty Clinics:	12,481

Emergency Activities

Non-Admit Emerg. Dept. Visits:	5,065
ED Admissions:	868
Psychiatric Emergency Services:	369
Psychiatric Emergency Admissions:	152

Laguna Honda Hospital

All Beds	1,132
Acute Services	8
SNF Services	1,124
AIDS/Hospice SNF	24

Mental Health

Number of Patients at SFGH:	**Stats are not available**
Number of Medically Complex	
Number Total Care	
Number HIV	
Number AIDS	
Number Community Beds	

CPHS - Primary Care Visits for Health Centers

Health Center #1:	**Due to the relocation of CPHS Billing Unit to their new site at SFGH, March stats are not available**
Maxine Hall Health Center:	
Health Center #3:	
Health Center #4:	
Health Center #5:	
Tom Waddell Clinic:	3,312
Potrero Hill Health Center:	
Southeast Health Center:	
Special Programs for Youth:	2,564
TOTAL VISITS:	5,876

Disease Control

TB Clinic:	1,778
City Clinic:	1,860

SSI Clinic FYTD Summary as of 3/31/95

Referrals to Triage **Stats are not available**
No Shows
Seen by Triage
Homeless

Significant Findings of Unemployables:
Medical Problems
Psychological Problems
Med & Psych Problems
Employability Ratings
Employable: Workfare/ Job Search
Indeterminate: Pt. Referral
Temp Unemployable: ReEval Triage
Perm Unemployable: Advocacy Unit

Advocacy Unit **Stats are not available**
Total Caseload
Active Cases
Inactive
Referrals into Intake
No Shows
Seen by Intake
Advocacy Activity
Initial SSI/SSA Applications Completed
Pending SSI/SSA Application Case Managed
Recouped GA Expenditures for January 1995

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 4/01/95			*Year-to-Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	592	288	218	1930	715	506
Campylobacteriosis	45	47	29	146	115	110
Giardiasis	35	26	43	63	95	106
Hepatitis A	19	18	36	55	38	91
Hepatitis B	5	4	6	16	13	13
Salmonella	25	11	11	49	37	40
Shigella	17	15	17	51	45	60
TB	38	30	27	95	71	61
Gonorrhea	243	217	155	529	493	414
Syphilis	17	11	7	42	24	11

* Resident cases only.

March Statistics 1995

Community Substance Abuse Services

Persons on Wait List on Last Day	995
Daily Census on Last Day	6,917
Outpatient Visits Provided	50,258
Residential Days Provided	12,343

SFGH MEDICAL STAFF CREDENTIALING MONTHLY REPORT TO THE JOINT CONFERENCE COMMITTEE
1994-1995

Committee Actions		March 1995	Year to Date Total
APPOINTMENTS	ACTIVE	4	4
APPLICANTS < 6 MONTHS	COURTESY	11	11
	AFFILIATED	0	0
APPOINTMENTS	ACTIVE	8	44
APPLICANTS < 6 MONTHS	COURTESY	34	111
	AFFILIATED	5	11
REAPPOINTMENTS SUBMITTED	ACTIVE	4	85
MONTH TOTAL = 23	COURTESY	14	178
	AFFILIATED	5	31
REAPPOINTMENTS NOT SUBMITTED	ACTIVE	3	11*
MONTH TOTAL = 11/45*	COURTESY	6	27*
	AFFILIATED	2	7*
CHANGE IN PRIVILEGES		3	3
CHANGE IN STAFF STATUS		4	19
RESIGNED/SEPARATED		13	114
*October 1994 - Present.			

Commissioner Shriver requested a letter from the Commission be sent to the Co-Chairs of the HIV CARE Council for its excellent work towards receiving the $1.6 million supplemental HIV prevention award from Centers for Disease Control.

Commissioner Gadberry requested Departmentwide information on utilization of compensatory time by Department employees. Dr. Hernández will forward to the Commission a current year report on compensatory time of the Department and the Department policy on compensatory time.

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

The Department has no new information at this time.

6) CONSIDERATION OF A RESOLUTION INDICATING THE HEALTH COMMISSION'S ENDORSEMENT OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

Richard Cordova , SFGH Executive Administrator, presented the following:

A San Francisco General Hospital Foundation has been formed to maintain and enhance the quality of health care and to support related activities at SFGH, including education and research. Its focus will involve major fund-raising campaigns for capital improvements, capital equipment, and endowments for new and existing programs. The Foundation's grants and projects will supplement, but not in any way replace, existing public sources of funding for SFGH.

BACKGROUND

The proposal for the Foundation came from the Board of Directors of the SFGH Volunteers. They realized that nearly every other hospital of the size of SFGH has foundation dedicated to supporting its activities. Likewise, other San Francisco public entities, such as the Library, Zoo, and Museums benefit from active foundations. Accordingly, they felt that the opportunity to garner the support of the area's philanthropic community and the establishment of such a foundation for SFGH was long overdue.

ORGANIZATION

The foundation has been organized as a non-profit corporation and all necessary tax exemptions have been obtained. It will be controlled by an independent Board of Directors consisting primarily of Bay Area residents who can assist in raising funds and administering the activities of the foundation.

The San Francisco General Hospital Executive Administrator will participate on the Board in an "ex-officio" capacity, and the San Francisco General Hospital Foundation has also invited the Health Commission to appoint one of its members as an "ex-officio" member to its Board.

COMPARISON TO OTHER MAJOR FUND-RAISING ORGANIZATIONS

The SFGH Foundation will focus on major fund-raising campaigns. It will differ from the SFGH Volunteers in that the Volunteers focus on raising funds primarily through the provision of services, such as the snack shop, gift shop, lunch truck, and television rentals at SFGH. However, these two organizations will share several Board members and will work closely together in providing support to SFGH activities

The SFGH Foundation will be similar to the San Francisco Public Health Foundation in that both entities are focused on major fund-raising drives. However, the SFGH Foundation will concentrate all of its endeavors solely on the Hospital, whereas the Public Health Foundation supports a broad array of public health issues. Representatives from the SFGH Foundation and the Public Health Foundation recently met to discuss their respective roles. There is the obvious potential problem that fund-raising by these two entities could be competitive from the donor perspective.

RELATIONSHIP TO OTHER NON-PROFIT ORGANIZATIONS ON THE SFGH CAMPUS

The Department is planning on conducting a study of all of the non-profit and fund-raising activities that relate to its divisions and programs. At SFGH we have already made a Joint Conference Committee presentation of the results of a survey that we conducted of the 12 groups identified on the SFGH Campus. The survey results are included as an attachment to this memo.

We have also begun to implement a plan through which we will consolidate these 12 groups under the umbrella of the SFGH Foundation. Through this consolidation, we will establish a single point of control for maintaining accountability. Additionally, these small groups, all of which support important causes, ar interested in benefiting from the bookkeeping and investment capabilities, (such as the use of interest bearing accounts), offered by the SFGH Foundation.

Commissioners Castaneda and Shriver stated their support for the foundation, but also pointed out the sequence of approval should include the Commission approval prior to beginning the operations of the Foundation.

Commissioner Gadberry voiced her concern on competing fro the same donors.

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman, Shriver) adopted Resolution #13-95, "Endorsing the Formation of the San Francisco General Hospital Foundation", (Attachment B).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION, SUPERIOR COURT NO. 932-772, ALEXANDER WOODRUFF, JR. VS. THE CITY AND COUNTY OF SAN FRANCISCO ET AL, IN THE SUM OF $399,267.00

Action Taken: The Commission (Jackson, Castaneda, Kaufman, Gadberry, Shriver) approved the proposed settlement.

The meeting was adjourned at 4:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-95

APPROVING AN AMENDMENT TO THE SAN FRANCISCO MUNICIPAL CODE AUTHORIZING AN AGREEMENT TO MAKE THE DEPARTMENT OF PUBLIC HEALTH A PREFERRED PROVIDER UNDER THE CITY ADMINISTERED HEALTH PLAN

WHEREAS, City employees are given an opportunity to choose coverage from a number of health plans; and,

WHEREAS, the City administered Health Plan is one of the few remaining general indemnity plans which reimburses providers on a fee for service basis; and.

WHEREAS, many Department of Public Health staff are desirous of obtaining health services at their work sites rather than traveling to another location; and,

WHEREAS, being included as a preferred provider under the City administered Health Plan will make health services more convenient to Department of Public Health employees. and this improved access to convenient services may lead to new revenue, and,

WHEREAS, the provision of employee health services is in keeping with the Department's Strategic Direction; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves this amendment to the San Francisco Municipal Code authorizing an agreement to make the Department of Public Health a preferred provider under the City administered health plan and further recommends its approval to the San Francisco Board of Supervisors and the Mayor of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 18, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-95

ENDORSING THE FORMATION OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

WHEREAS, San Francisco Charter General Hospital is the safety net hospital for all San Franciscans and provides more services to indigents and the disenfranchised than any other hospital in San Francisco; and,

WHEREAS, San Francisco General Hospital houses San Francisco's only Trauma Center, which provides nationally recognized services to all San Franciscans; and,

WHEREAS, San Francisco General Hospital is recognized as the nation's top hospital for the provision of AIDS care; and,

WHEREAS, San Francisco General Hospital, in affiliation with the University of California at San Francisco, is highly regarded for the quality of the health care provided and its teaching programs for the future generations of health care providers; and,

WHEREAS, prominent San Francisco General Hospital physicians and community leaders have demonstrated their interest in conducting major fund raising campaigns for the benefit of San Francisco General Hospital; and,

WHEREAS, notwithstanding the provisions of the Foundation's Bylaws, it is not the intent of the Board of Directors to employ or otherwise compensate Board members; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports and endorses the formation of the San Francisco General Hospital Foundation, and, be it further

RESOLVED, that the Public Health Department shall enter into a Memorandum of Understanding with the Foundation which shall detail mutual obligations.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 18, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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2/95

AGENDA

HEALTH COMMISSION MEETING

May 2, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 18, 1995**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Margel F. Kaufman)

(3.1) Follow-up request that Haight Ashbury Free Clinic, Inc., in its contract of $135,750 to provide HIV/AIDS prevention education services for the period of May 1, 1995 through June 30, 1996, demonstrate linkages to other homeless youth networks and drug treatment centers

(3.2) **CPHS - Support Services -** Renewal contract with Bayview Hunters Point Foundation, in the amount of $580,177 per year to provide mental health case management/therapists, and outreach services to homeless persons, for the period of July 1, 1994 through June 30, 1998 (DPH contracted with Bayview Hunters Point Foundation for services totaling $1,287,224 in FY 1993-94).

(3.3) **DMS - CMHS** - Child and Family Services - Second modification to the contract with Regents of the University of California - Center on Deafness, to decrease funds in the amount of $40,910, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with UCSF/Center on Deafness for services totaling $11,133,892 in FY 1994-95 exclusive of the Affiliation Agreement).

(3.4) DMS - CSAS- Combined request for Sole Source award and new contract with Jelani House, in the amount of $116,000 to provide residential substance abuse treatment services to women and their children for the period of May 1, 1995 through June 30, 1995.

(3.5) DMS - CSAS - First modification to the contract with Walden House, Inc. in the amount of $1,127,758 to: 1) continue treatment capacity maintenance/waiting list residential services for the term October 1, 1994 through June 30 1995; 2) add a Target Cities RFP award for residential services for the period of January 1, 1995 through June 30, 1995; 3) add Drug/Medi-Cal funds for multiservice/day treatment for the period of April 1, 1995 through June 30, 1995; and 4) add Drug/Medi-Cal funds for adolescent day treatment services for the period of April 1, 1995 through June 30,1995. (DPH contracted with the Walden House, Inc. for services totaling $6,318,466 in FY 1993-94).

(3.6) Consideration of a site approval for the Office of Self-Help at 165 Fell.

4) **DIRECTOR'S REPORT**
(Anthony Wagner, Acting Director of Health)

5) **UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96**

6) **PRESENTATION AND UPDATE OF SAN FRANCISCO GENERAL HOSPITAL STRATEGIC PLAN**

7) **PRESENTATION ON PREPARATION FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) ACCREDITATION IN 1995**

8) **CONSIDERATION OF A RESOLUTION REGARDING PROVIDING HEALTH SERVICES AT THE SAN FRANCISCO INTERNATIONAL AIRPORT**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF UNLITIGATED CLAIM BY THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO, IN THE AMOUNT OF $32,251.79 FOR BREACH OF CONTRACT, V. CCSF (AIDS OFFICE)**

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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2
2/95

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 2, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:
- Commissioner Rebecca P. Castaneda, D.D.S.
- Commissioner Edward A. Chow. M.D.
- Commissioner Sharon Gadberry, Ph.D.
- Commissioner Arthur M. Jackson
- Commissioner Margel F. Kaufman
- Commissioner Michael D. Shriver

Sandy Ouye Mori, Executive Secretary to the Health Commission, is in Washington, D.C. attending the White House Conference on Aging.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 18, 1995

Action Taken: The Commission unanimously adopted the minutes of April 18, 1995.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Follow-up request that Haight Ashbury Free Clinic, Inc., in its contract of $135,750 to provide HIV/AIDS prevention education services for the period of May 1, 1995 through June 30, 1996, demonstrate linkages to other homeless youth networks and drug treatment centers.

Commissioner Shriver requested the formal documentation of linkages to other providers within a month.

(3.2) CPHS - Support Services - Renewal contract with Bayview Hunters Point Foundation, in the amount of $580,177 per year to provide mental health case management/therapists, and outreach services to homeless persons, for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Bayview Hunters Point Foundation for services totaling $1,287,224 in FY 1993-94).

Commissioner Castaneda requested an update on responses to the recommendations in the monitoring report.

(3.3) DMS - CMHS - Child and Family Services - Second modification to the contract with Regents of the University of California - Center on Deafness, to decrease funds in the amount of $40,910, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with UCSF/Center on Deafness for services totaling $11,133,892 in FY 1994-95 exclusive of the Affiliation Agreement).

Commissioner Shriver requested a written statement from the contractor on its plan of compliance to the Commission's affirmative action policy.

(3.4) DMS - CSAS- Combined request for Sole Source award and new contract with Jelani House, in the amount of $116,000 to provide residential substance abuse treatment services to women and their children for the period of May 1, 1995 through June 30, 1995.

Commissioner Castaneda noted the contractor's non-compliance to the Commission's affirmative action policy regarding Board composition.

(3.5) DMS - CSAS - First modification to the contract with Walden House, Inc. in the amount of $1,127,758 to: 1) continue treatment capacity maintenance/waiting list residential services for the term October 1, 1994 through June 30 1995; 2) add a Target Cities RFP award for residential services for the period of January 1, 1995 through June 30, 1995; 3) add Drug/Medi-Cal funds for multiservice/day treatment for the period of April 1, 1995 through June 30, 1995; and 4) add Drug/Medi-Cal funds for adolescent day treatment services for the period of April 1, 1995 through June 30,1995. (DPH contracted with the Walden House, Inc. for services totaling $6,318,466 in FY 1993-94).

Commissioner Shriver requested the existing documentation on formal linkages or MOU's with other agencies. He also expressed his concern for continued funding for substance abuse programs for FY 1995-96.

(3.6) Consideration of a site approval for the Office of Self-Help at 165 Fell.

Public Speaker:	Courtney Pontious, neighbor, expressed concern on monitoring of the facility.
Action Taken:	The Commission approved the Consent Calendar of the Budget Committee, with the specific requests.

4) DIRECTOR'S REPORT

(Anthony Wagner, Acting Director of Health)

RESIGNATION

Commissioner Ripple

As you may have heard, Commissioner Ripple has resigned from the Health Commission and has decided to take an administrative leave from the University of California. Commissioner Ripple's expertise and knowledge of vital health issues impacting San Francisco was invaluable. We appreciate the time and energy she gave to the Commission during her tenure. I am sure you all join me in wishing Helen all the best in her future endeavors.

MANAGED CARE

Commercial Request for Application

The State Department of Health Services has not released on a county by county basis the names of the commercial health plans which submitted applications for the RFA. The State has indicated that 11 different health plans submitted 46 applications. At least one application was submitted for each county. The eleven health plans which submitted applications are: Molina, Foundation, MaxiCare, Blue Cross, California All Health, PacifiCare, Care First, Great American, Omni, National Medical Enterprises and Tower Health Plan

.

Several commercial plans approached the Department to sign letters of intent to participate as a provider in their network. The Department signed a letter of intent with PacifiCare, our current PHP partner, based on our assessment of compatible goals.

ADMINISTRATION

Update on the Implementation of the African American Health Services Specialist Designation

Since the implementation of the African American Health Services Specialist designation approximately a year ago, 48 Health Department employees attended one of two - 32 hour sessions entitled, *CULTURE, RACE AND HEALTH: Providing Culturally Competent Health Services for African Americans;* 44 employees have been tested for their culturally competent service abilities to African American Public Health clients; 25 employees have been certified by the Health Department with the African American Health Services Specialist designation; and the placement of the African American Health Service Specialist working condition on 36 requisitions have been approved by the Health Department and Human Resource Department. The jobs with this special working condition include: Disease Control Investigator, Senior Disease Control Investigator, Psychiatric Social Worker, Senior Psychiatric Social Worker, Medical Social Worker, Clinical Nurse Specialist, Head Nurse, Registered Nurse, Psychiatric Technician, Clinical Psychologist, Health Worker, Health Program Coordinator.

Forty-eight (48) Health Department employees (7 European American, 39 African Americans, 1 Hispanic, 1 Asian, [16 males, 32 females]) attended one of the two training sessions. Of the 25 certified for the special culturally competent ability, 23 are African American and 2 are European American. Of the 44 employees (16 males and 28 females) who took the oral interview examination, 43 passed (2 European American, 40 African American, 1 Hispanic) and 1 failed (Asian American).

Office of Policy and Planning
The Office of Budget and Planning has changed its name to Policy and Planning. The name was changed to accurately reflect its roles and functions, and to define the unit's Department-wide responsibilities.

The unit is looking forward to providing planning leadership and support to the Department of Public Health. All formal correspondence, financial reporting and public references should be addressed to DPH Policy and Planning.

SAN FRANCISCO GENERAL HOSPITAL

Worker's Compensation Clinic

The Worker's Compensation Clinic held an open house on April 20, 1995. Approximately 150 people from various City departments attended. The SFGH clinic will be one of two clinic sites which will treat CCSF employees who sustain work-related injury or illness. The other site is located on the Mount Zion Hospital Campus.

Infant Care Center

Approximately 400 people attended the opening of the new Infant Care Center at San Francisco General Hospital on April 21st. The inaugural program included Mayor Frank Jordan, Commissioner Michael Shriver, Dr. Sandra Hernandez, Richard Cordova, Dr. William Taeush, SFGH Chief of Pediatrics, Donna Loper, R.N., Clinical Coordinator, and Dr. Susan Sniderman, Medical Director of the Center.

The new center has 30 intensive care beds that are adaptable to all levels of care and a 13-bed well baby nursery. In addition to typical support functions, the new space incorporates special family care areas such as a family sleep room (where parents can be trained in the care of their babies), a family rest room/shower, and a breast feeding room. We'll keep you apprised of the activities of the center as it begins operation.

Visitors from New York

Six administrators from the New York Health and Hospital Corporation's Executive Development Program at the Wagner Graduate School of Public Service, New York University, visited San Francisco General Hospital last week and met with staff members. Their focus was the Affiliation Agreement, hospital contracts, physician services, physician productivity, nursing and finance.

Diversion Statistics

Critical Care diversion was 91.9 hours or 14.2%. The average census at time of diversion was 23.2 patients.

LAGUNA HONDA HOSPITAL

Anthony G. Wagner Elected to National Office

I am pleased to announce that Anthony G. Wagner, Executive Administrator of Laguna Honda Hospital, was elected as a member of the Board of Directors of the National Association of Health Services Executives (NAHSE) on April 26 in Birmingham, Alabama. Mr. Wagner has been active for many years in the NAHSE which is a professional organization representing African/American health care professionals in the United States. Mr. Wagner will continue to use his influence as a leader in the national health care forum to support the interests of the Department of Public Health and the City and County of San Francisco.

Youth Service Day at Laguna Honda Hospital

On Saturday, April 22, approximately 200 San Francisco youths contributed a day of their time to community service projects at Laguna Honda Hospital. Children from kindergarten through high school ages participated in a variety of creative painting and landscaping projects to further improve the ambiance of the Hospital campus. One of the featured projects was the construction of the beautiful garden for the new Hospice Ward. The day was highlighted by a bountiful picnic subsidized by several San Francisco businesses. Laguna Honda Hospital extends its appreciation to the San Francisco Volunteers Bureau for coordinating this collaborative and educational event.

Volunteers Annual Appreciation Luncheon

The Laguna Honda Hospital Volunteers, Inc., hosted its annual luncheon showing appreciation for all the Hospital volunteers on Monday, April 24th in Simon Auditorium. Approximately 230 volunteers attended a lavish, catered luncheon in Simon Auditorium for all five volunteer groups active at Laguna Honda Hospital. Tony Wagner was joined by Jean Bricker, President of the Volunteers, Inc. in commending the valuable contributions of all the volunteers.

COMMUNITY PUBLIC HEALTH SERVICES

Homeless Programs

The Department's Homeless Programs recognize an outstanding employee's work weekly by issuing an award titled "Plays of the Week." The following is an extraordinary story which resulted in Carolyn Ritchie's, M.S.W., receiving last week's award. I wanted to share this with you today:

> *"An elderly woman, Miriam H., age 83, arrived in Respite and was put on the unit because she was frail, uses a walker, is completely deaf, and has a sore on her leg which needs attention.*
>
> *Miriam was brought to the shelter by State Police from the Greyhound station. She had left 3 boxes of her possessions with them. She explained that she is from San Diego and had left them there because she could not tolerate the diet of pork she received at the Board and Care home she resided in. She said she had lived in San Francisco 20 years ago and was well known in the art community here. She does not know if anyone is still alive from that time. She also said she is a professional sculptor with works at the Museum of Modern Art, Oakland Museum, etc. She wished to go to the Art Institute to continue her work - not as a student but as a teacher. She described various awards and grants she has received for her work. It was an impressive list so Carolyn quit looking for housing placements and other agencies and started calling museums.*
>
> *After many phone calls to museum curators, Carolyn discovered that an art Gallery in Davis has been displaying her works. Carolyn called the owner of said gallery who was delighted and surprised that this woman is still alive. His wife, he explained, has been writing a book about her for years called Searching for Miriam, everyone believed she had died 20 years ago. Carolyn explained her plight as a homeless woman in a dangerous place considering her age and frailty. He generously offered her a room in*

his estate. His wife agreed to take her in and they agreed to come and get her at the shelter on Sunday, March 11. He added they have her art pieces on display in his home. She is considered to be one of the world's most exceptional sculptors who has gone uncelebrated even though her work is known and valued in art communities.

On the morning of March 10, 1995, Carolyn presented the plan to relocate the client to Davis; she was delighted that she could get her identity back and will no longer have to be a "bag lady." As of April 24, 1995, Miriam has been in Davis with the art gallery owner and his wife. Carolyn and the members of the North of Market Team have made several visits to Miriam in Davis. They report she is making a successful transition to an active life as the artist that she once was".

We congratulate Ms. Ritchie on her dedication to client care and her commitment to preserving the dignity of homeless persons.

MENTAL HEALTH SERVICES/ SUBSTANCE ABUSE

Update on Rehabilitation Facility Planning

The Department is pursuing a distinct part-skilled nursing license for the geriatric portion of mental health rehabilitation facility, and pursuing Medi-Cal funded reimbursement for the children's 15-bed program within the facility. Commissioner Jackson and I met with the Mayor in early April to request that $3.7 million of new General Fund moneys be allocated to partially fund the operating cost of the facility. We estimate that approximately $7 million dollars can be reallocated from existing institutional services, and approximately $3 million of new Medi-Cal revenues can be claimed to fund the adolescent and geriatric programs. We requested General Fund moneys to fund the skilled nursing beds for the homeless and indigent clients who have no third party reimbursement.

The Mayor was receptive to our proposal and asked us to develop a proposal and plan to open the facility. The staff from Mental Health and San Francisco General Hospital are currently working on developing this proposal.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Update on the Mission Bay Activities

The Health Department has been working closely with the Mission Bay Hazardous Materials Investigation and Remediation Program Citizens Advisory Committee (CAC) on the Catellus Development Corporation's Mission Bay Project. The activities of the CAC have recently increased because of the Catellus Home Depot proposal.

The Department and Catellus have discussed requirements under Article 20 of the DPW Code for both the Home Depot environmental investigation and the King Street stockpiling project. As required under Article 20, the Health Department has received money from Catellus to cover DPH investigation and sampling plan expenses in these two areas. We will bill Catellus to cover any efforts beyond the $7,500 initial deposit.

Catellus has also paid a deposit of $32,500 as required under Exhibit A-8 of the Mission Bay Development Agreement to pay for the services of a consultant to the CAC. Orion Environmental Associates, a women-owned environmental consulting firm, has been selected as the CAC's consultant and their contract will be in place by the end of April.

The CAO's office, the lead Department for the entire Home Depot proposal, requested $30,000 from Catellus to cover City Departmental project expenses. Catellus has verbally agreed to pay these costs for the project.

DPH spent approximately $12,000 of this $30,000 in February and March of 1995. We project the remaining $18,000 will cover Health Department expenditures through the end of fiscal year 1994-1995.

If the Home Depot's Proposal is delayed or canceled, the Health Department will continue to provide staff support to the Mission Bay Citizens Advisory Committee. DPH may receive requests from other City Departments for technical support on Mission Bay. In both cases, no secure funding mechanism has been implemented. Several possibilities for funding include:

- Request on-going support from Catellus for the Mission Bay HMIRP CAC;

- Ask the Board of Supervisors, who created the Mission Bay CAC to provide funding; Work Order expenses to City Departments requesting our help.

Lancaster Symposium/England
Mary Murphy, Senior Environmental Health Inspector, has been selected to represent the California Environmental Health Association (CEHA) as that organization's International Exchange Delegate. A Symposium, sponsored by the North Western Center, will be held July 13-15, in Lancaster, England, In addition to the Symposium Mary will spend a week learning how British Health Inspectors do their job. Upon her return she will write a summary of her visit for inclusion in the CEHA Journal.

Underground Storage Tank (UST) Audit
On April 25th, a representative of the State Water Resources Control Board (SWRCB) performed a comprehensive audit of the Underground Storage Tank (UST) Program. The audit consisted of a paper review as well as a field inspection to determine compliance by the local implementing agency with State UST laws and regulations. The preliminary report from the SWRCB representative was positive. Although she was impressed with the progress the Program has made during the past three years, she expressed concern about two areas: (1) the legality of permit issuance for US installation and upgrade by the Fire Department, rather than DPH and (2) the need to increase the number of inspections performed and subsequently, the number of operating permits issued to UST owners. BEHM will have an opportunity to comment on the draft report which is expected within 2-3 weeks. The report will then be edited and will be forwarded, along with the Bureau's response, to Cal EPA.

Special Award to Commissioner Edward A. Chow, M.D.
Commissioner Edward Chow has been awarded the Robert C. Kirkwood Award from the San Francisco Foundation. A reception in his honor was held on April 27, 1995 at the San Francisco Medical Society facility.

5) UPDATE ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

Monique Zmuda, Acting Budget Director, presented the current status of the Department's budget for FY 1995-96, (Attachment A).

Additionally, she reported another request from the Mayor's Office to add $2.3 million to the Department's General Fund reduction, thereby reducing the $114 million of General Fund to $112 million. Service reductions will have to be make in order to further reduce the Department's General Fund allocation.

Commissioner Gadberry raised the issue of the Department changing its Department policy regarding compensatory time in order to address the further reductions.

Commissioner Castaneda proposed further cutbacks in administrative positions.
Commissioner Kaufman commented that the requested budget reduction is not the end of the negative news. Further State and Federal cuts will be coming.

Commissioner Shriver stated that Federal cuts from Congress is no mystery and inquired about the criteria to be used for further cuts.

Commissioner Chow commented on the need for the Department to bring to the Commission the overall Department's strategic plan in order to respond to the many changes in the health care arena.

7) PRESENTATION ON PREPARATION FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) ACCREDITATION IN 1995

Richard Cordova, Executive Administrator of San Francisco General Hospital, reported that the triennial Consolidated Accreditation and Licensure Survey (CALLS) is scheduled for the fourth quarter of 1995. This survey is a joint process conducted at acute care hospitals by the Department of Health Services, the California Medical Association, and JCAHO.

Sue Currin, Quality Assurance Administrator of San Francisco General Hospital, provided information on the 1995 Governance and Leadership Standards for the Health Commission, and provided a survey preparation summary.

Bob Christmas, SFGH Administrator, explained the scoring procedure and reported progress in correcting problem areas prior to the survey.

Commissioner Kaufman commented that the San Francisco General Hospital accreditation is a top priority for the Commission, especially because the Commission was created in response to a potential loss of accreditation back in 1984.

Individual sessions with Commissioners will be held in preparation for the accreditation.

6) PRESENTATION AND UPDATE OF SAN FRANCISCO GENERAL HOSPITAL STRATEGIC PLAN

Richard Cordova, Executive Administrator of San Francisco General Hospital, gave an update on the goals of SFGH's Strategic Plan. The strategic planning process began in 1992. One of the JCAHO leadership standards is for "the organization's leaders to provide the framework for planning the health care services for the organization. These leaders are responsible for developing and implementing an effective planning process that allows for defining timely and clear goals."

The goals are:

1. To improve the cost-effectiveness and culture of SFGH so that it will be the organization of choice for patients and payers.

2. To provide, directly or in collaboration with others, an integrated system of services to our patient population.

3. To continue development of the Providers-Health Department Organization (PHO) to mutually develop and approve new business opportunities.

4. To maintain a synergistic relationship with the University of California for patient care, education and research.

5. To develop an administrative structure to ensure the long-term viability of the organization, with adequate capital resources.

6. To develop and maintain facilities that provide for access, safety, efficient operations and aesthetic acceptability.

The San Francisco General Hospital Strategic Plan is part of the Department-wide strategic planning process.

8) CONSIDERATION OF A RESOLUTION REGARDING PROVIDING HEALTH SERVICES AT THE SAN FRANCISCO INTERNATIONAL AIRPORT

Jerry Rankin, SFGH Administrator, presented a briefing on the San Francisco International Airport Project (for a copy, contact the Commission Office, 554-2666) and the following information:

- It would provide a unique opportunity for partnership with a Sister City agency.

- It would improve access to employee health services for CCSF employees at the Airport and access to worker's compensation initial treatment services for CCSF employees working in San Mateo County (Airport, Water Department, San Bruno Jail).

- It would provide the Airport with "one-stop shopping" for a wide range of medical services which few other organizations can provide.

- It can be funded via a work order transfer.

- It would provide DPH/SFGH the opportunity to earn a management fee, share in profits once the clinic operation can cover expenses, and to positively enhance the image and the marketing potential of the Department of Public Health integrated health care delivery system, the Community Health Network of San Francisco.

- This revenue will help fund the Administrative Services Organization (ASO) costs for the administrative infrastructure for the Community Health Network (PHO).

- It returns money to the City (DPH) which is currently going out of system (estimated at $600,000/year for SFIA employee health services).

- It can provide future opportunities to expand Airport services into core public health areas that include hazardous materials management, refugee screening, disaster planning and response, and first aid/emergency training.

Provision of these services at the Airport is an expansion of services that DPH/SFGH already provides. SFGH receives many requests for work order medical services from City departments such as Muni, the Unified School District, Fire, Police and Water. In years past, SFGH provided the health exams for Airport employees through a work order for the services of CMOSH (the predecessor to the SFGH/UCSF workers' compensation consortium, San Francisco Occupational Health Services). There is also precedent for services of other departments to be provided at the Airport, such as those of the Fire Department, who currently receives a work order of approximately $7 million from the Airport for on-site services, the City Attorney's Office (eight attorneys) and the City Purchaser.

The Airport program will be another DPH/SFGH clinic (albeit at remote site) that will provide employee health and workers' compensation care for CCSF employees and the Airport community, as well as primary/urgent care for the public at large. We can foresee no negative impact related to this proposed agreement for services at the Airport. Further, since the Airport h as agreed to underwrite all the costs, neither DPH/SFGH nor UCSF would be at financial risk.

All services at the Airport will be provided through DPH/SFGH and its affiliate, UCSF. Future opportunities may arise for program development in the areas of hazardous materials management, food inspection, refugee services and first aid/disaster response training. These would be optional services, whose scope and budget would be subject to annual negotiation and approval.

Overall, the broader implication of this proposed program is that it can provide a wider and more integrated range of services to the Airport, its travelers, visitors and City employees. Further, the Department would benefit by earning a management fee, having the potential to share in future revenues and enhancing its image as an integrated care delivery system.

Action Taken: The Commission approved Resolution #14-95, "Supporting the Joint Proposal Between the Department of Public Health/San Francisco General Hospital and the San Francisco International Airport to Staff and Provide Management Oversight of the Airport Medical Clinic", (Attachment B).

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF UNLITIGATED CLAIM BY THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO, IN THE AMOUNT OF $32,251.79 FOR BREACH OF CONTRACT, V. CCSF (AIDS OFFICE)

Action Taken: The Commission approved the proposed settlement.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco **Department of Public Health**

Sandra R. Hernández, M.D.
Director of Health

MEMORANDUM

TO: Honorable Arthur Jackson, President and
Members of the Health Commission

THROUGH: Sandra R, Hernández, M.D.
Director of Health

FROM: Monique Zmuda,
Acting Chief Financial Officer

DATE: April 26, 1995

SUBJECT: **Fiscal Year 1995-96 Budget Update**

The following report outlines the current status of the Department of Public Health's budget for Fiscal Year 1995-96:

Revenue Status:

As the Commission is aware, the Department of Public Health has projected revenue assumptions for fiscal year 1995-96 with the knowledge that some revisions may have to be made based on State and Federal funding changes. Changes that the Department is aware of include the following:

Managed Care Allocation to InPatient Mental Health

The State has proposed a reduction to the Department's managed care allocation for inpatient mental health services by $2.2 million, from a projected $7.6 million to $5.4 million. This amount represents 25% of DMSF's current budget for fee for service inpatient services for Medi-Cal recipients. The Department along with CSAC and the California Conference of Mental Health Directors has been meeting with the State on this issue. The Department has also notified the Speaker of the House of the potential reduction to San Francisco. At this time it appears that these reductions may be implemented, however we will know more once the Governor releases his revisions to the proposed State budget in May.

Prop 99 Tobacco Tax

Judge Roger K. Warren has decided in the case of *American Lung Association et al vs. Pete Wilson*, that California has illegally diverted funds from anti-smoking education and research programs to pay for direct health care services to the poor. The Judge has ordered the State to immediately cease and desist from paying for these healthcare programs with Prop 99/Tobacco

Attachment A
Page 1 of 4

Tax moneys. The Department of Public Health has projected receipt of approximately $10.7 million in Prop 99/Tobacco Tax funds for fiscal year 1995-96 to fund numerous Department and community based programs including the Tobacco Free Project - $300K, the Comprehensive Perinatal Outreach Program (CPO) - $375K, the Child Health and Disability Prevention Program (CHDP) - $660K and the California Healthcare for Indigents Program (CHIP) - $9.4 million. San Francisco General Hospital has budgeted $7.2 million in CHIP/Prop 99 funds and $300K from CHDP/Prop 99 to fund indigent care for fiscal year 1995-96. Some of these accounts have already been frozen for fiscal year 1994-95. The State has appealed the Judge's decision. Pending the result of the appeal, it is still unclear what strategy the State administration will adopt regarding re-allocation of Prop 99 funds. The Department will continue to keep the Commission informed of the impact this will have on the Department's budget.

In addition, the State Department of Finance has already adjusted the allocation of Prop 99 CHIP funds to pay for a shortfall to the Habitat Conservation Fund. The adjustment represents a loss of $432,855 for the Department of Public Health in fiscal year 1995-96, of which $406,477 is slated for indigent care at San Francisco General Hospital and the remainder for administrative costs.

MAC/SB 910

The Health Care Financing Administration (HCFA) and the State Department of Health Services, (DHS) are currently reviewing retrospective MAC claims to determine what percentage of claims will be allowable as reimbursable costs. HCFA and DHS are also finalizing State Plan Amendments which will provide guidelines for reimbursement of prospective claims. In the future, a bifurcated system will be established whereby some limited activities will be allowable under Administrative Case Management, with most of the other activities converted to Targeted Case Management. The Department of Public Health has projected receipt of $6.9 million in MAC/ SB 910 funds for fiscal year 1995-96. As soon as the States instructions are finalized the Department will analyze the impact the new guidelines will have on the Department's budget.

$4 Million Gap/General Fund Request

The Department of Public Health submitted the fiscal year 1995-96 budget to the Mayor with a request of $119 million in general fund dollars. The Mayor has approved a general fund request of $114 million. The Department has agreed to revisit its revenue estimates at SFGH to determine if this reduction can be absorbed through additional Medi-Cal, FQHC, or Deloitte and Touche generated revenues. At this time the Department is not willing to propose additional service reductions to make up this shortfall to our budget.

Elimination of Vacant Positions and 25% Management Reductions:

To balance the fiscal year 1995-96 budget, the Mayor's Office has instructed City Departments to eliminate all vacant positions and to reduce management positions by 25%. Faced with the need to survive in a managed care, at-risk environment with dwindling State, Federal and local dollars available to pay for healthcare services to San Francisco's most neediest populations, the Department of Public Health has aggressively pursued reductions in management positions and administrative and staff restructuring as a strategy for containing costs. During the past ten years the Department of Public Health has grown from a $277 million dollar operation to a $796 million operation -- an increase of 187%. The level and scope of services the Department of Public

Health is responsible for has increased dramatically in the past ten years. The Department of Public Health's role has become much more complex and heterogeneous requiring additional administrative oversight. This includes the oversight of over $80 million dollars in grants, of which $50 million include grants for diverse AIDS services, (compared to $2 million in 1984,) administrative oversight of more complicated toxic and environmental issues and regulations, management of additional millions in new Federal and State revenue programs such as FQHC, SB 855, SB1255, Prop 99 Tobacco Tax, the administration of a comprehensive computer management information system that was non-existent ten years ago, the management of more rigorous state regulations for credentialing and monitoring medical staff and hospital accreditation and additional project management for the new Mental Health Rehabilitation Facility. **Despite this tremendous growth in the Department of Public Health's operations the percentage of our top level official's and administrators has actually decreased from 2.9% of the total staff in 1984 to 2.6% today**.

The Department of Public Health currently has 180 vacant positions, representing about 3% of the total staff. Vacant positions occur when employees are on leave, have transferred to other positions, retired or have left a position for other reasons. Positions are considered "vacant" as long as they are unfilled despite the fact that the Department is in the process of actively recruiting and hiring for those positions. For many of these positions the Department is already in the process of filling the vacancies. Currently this includes positions such as the Chief Financial Officer, the Director of Mental Health, Environmental Health Inspectors and the Emergency Medical Services Director.

Some of the vacant positions are grant funded and would have no affect on the general fund, other positions are revenue generating and would have a net negative impact on the Department's budget, other positions are mandated by state or federal statutes. We have responded to the Mayor's Office request by justifying each vacancy in the Department, and by providing more detailed information on our administrative reduction targets for FY 95-96.

The Department has convened a Department-wide Administrative Restructuring Committee to make recommendations on managerial and administrative reductions that would be both cost-effective while not adversely impacting vital health care services. Many of these administrative reductions have already been implemented. The Department believes that the unilateral deletion of vacant positions proposed by the Mayor would not have the net affect of saving city money and would devastate the Department's ability to provide essential health care and emergency services. The Department has drafted a response to the Mayor's Office and will keep the Commission informed of our progress.

Meeting with Mayor in Residential Drug Services

Dr. Larry Meredith, Monique Zmuda and I met with the Mayor and his staff, along with Brian Cahill, General Manager of Department of Social Services on April 19, 1995. Mr. Cahill and I proposed to the Mayor that unexpended funds from the Department of Social Services Foster Care Program from current year be used to continue funding for drug residential beds. As you know, the Mayor and Board of Supervisors have approved incremental supplemental appropriations to continue selected residential drug treatment beds which were formerly funded through Federal Asset Forfeit Seizure funds and other State grants. Specifically, the Department requested that $1.5 million be used to fund 62 beds at Walden House, Asian American Recovery Services and Baker Places, and to cover childcare expenses at Jelani House, MIA House and the Iris House for next year.

The Mayor will respond to the Department's request within the next month.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-95

SUPPORTING THE JOINT PROPOSAL BETWEEN THE DEPARTMENT OF PUBLIC HEALTH/SAN FRANCISCO GENERAL HOSPITAL AND THE SAN FRANCISCO INTERNATIONAL AIRPORT TO STAFF AND PROVIDE MANAGEMENT OVERSIGHT OF THE AIRPORT MEDICAL CLINIC

WHEREAS, San Francisco International Airport (SFIA) has requested that the Department of Public Health (DPH)/San Francisco General Hospital (SFGH) assist in developing, providing and managing selected health services at the San Francisco International Airport; and,

WHEREAS, the funding for this program is to be provided in advance by the San Francisco International Airport to Department of Public Health/San Francisco General Hospital via the City Work Order process; and,

WHEREAS, the Department of Public Health/San Francisco General Hospital, in partnership with its professional staff, the University of California at San Francisco, has a wide range of clinical skills and expertise that include: urgent care, emergency medicine, occupational and environmental medicine, environmental health and toxics management and public health and refugee screening; and,

WHEREAS, the Department of Public Health/San Francisco General Hospital has the opportunity to extend services on site at the San Francisco International Airport to City and County of San Francisco employees that can help to contain costs and increase productivity by providing more timely, accessible, and cost-effective medical surveillance and pre-placement examinations for Airport employees, and Workers' Compensation initial treatment services for San Mateo based City employees; and,

WHEREAS, the Department of Public Health/San Francisco General Hospital has unique specialized expertise in the provision of medical services, public health services, emergency response and disaster preparedness; and,

WHEREAS, the Department of Public Health/San Francisco General Hospital can contribute to reducing City costs and claim losses by participating in the Owner Controlled Insurance Program (OCIP) and by providing initial treatment to the construction workers building the new International Terminal at the Airport; and,

WHEREAS, entering into this project would give Department of Public Health/San Francisco General Hospital considerable visibility as an integrated delivery system and the opportunity to enhance the marketing potential of the Community Health Network of San Francisco; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 14-95 (Cont'd.)

WHEREAS, this agreement provides a stepping stone to the future provision of additional services that would be in the interest of the health and welfare of San Franciscans, including refugee and immigrant health screening, toxics and hazardous materials management, food preparation surveillance, and first aid/emergency response training; and,

WHEREAS, governmental funding for the provision of health services to the poor and those with special needs is insufficient to cover the full cost of providing services and additional sources of revenue are needed to insure that services and the required infrastructure for the Community Health Network are maintained; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the policy direction outlined by the Department of Public Health/San Francisco General Hospital for the San Francisco International Airport Medical Clinic Program to be developed by the Department of Public Health/San Francisco General Hospital at the Airport, in collaboration with the clinical staff of the University of California at San Francisco, and as part of its Affiliation Agreement with the University, and, be it

FURTHER RESOLVED, that the San Francisco Health Commission instructs the Department of Public Health/San Francisco General Hospital to proceed with the development of the proposed MOU's between the Department of Public Health/San Francisco General Hospital and San Francisco International Airport, and between the Department of Public Health/San Francisco General Hospital and University of California at San Francisco, and to finalize agreements related to the proposed Airport Medical Clinic, and, be it

FURTHER RESOLVED, that the San Francisco Health Commission instructs the Department of Public Health/San Francisco General Hospital to include this program in its FY 1995-96 budget and proceed with the implementation of this program.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 2, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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anceled
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CANCELED

CANCELED

NOTICE

* SPECIAL PUBLIC HEARING

Tuesday, May 2, 1995
Time Specific: 5:00 p.m.

at

101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community from the California Pacific Medical Center:

To convert the existing Stand-by Emergency Department at the California Campus to an Urgent Care Center.

The California Pacific Medical Center Pacific Campus Emergency Department will remain operational and will receive all CPMC emergencies.

In order to accommodate the needs of the surrounding communities, the Urgent Care Center will operate between noon and 10:00 p.m., Mondays through Fridays, and between 9:00 a.m. and 11:00 p.m., Saturdays, Sundays and holidays.

The purpose of CMPC's Urgent Care Center is to provide high quality, accessible, cost effective, and comprehensive health care services to a broad spectrum of the community. The Urgent Care Center will accommodate drop-in, non-emergent visits. CPMC is offering this service to the community rather than our original plan, which called for the closure of all non-appointment services on the California Campus.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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PUBLIC NOTICE

Due to updated information from Dr. Martin Brotman, President of California Pacific Medical Center, to Arthur Jackson, President of the Health Commission, that there will be no reduction of services, the May 2, 1995 Public Hearing has been canceled.

For information, call 554-2666.

101 Grove Street
San Francisco, CA 94102

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Executive Secretary

TEL: (415) 554-2666

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/16/95

AGENDA

HEALTH COMMISSION MEETING

May 16, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 2, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) Third Quarterly Revenue and Expenditure Report for DPH FY 1994-95.

(3.2) Update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and presentation of a plan for Shanti's debt repayment to the City.

(3.3) CHS - AIDS - Combined request for: 1) Approval to apply for, accept and expend a new grant in the amount of $200,000 from the Department of Health and Human Services, Centers for Disease Control, to fund *San Francisco as an Urban Center for Applied Research Project* for the period of July 1, 1995 through June 30, 1996; 2) Sole source approval for two new contracts, one with the University of California, San Francisco in the amount of $25,000 per annum, and one with the Haight Ashbury Free Clinics, Inc. in the amount of $35,000 per annum to provide collaborative activities with the San Francisco Department of Public Health AIDS Office regarding epidemiologic and prevention effectiveness issues around AIDS and other serious illnesses and social problems for the period of July 1, 1995 through June 30, 2000 and 3) Approval for two new contracts, one with the University of California, San Francisco in the amount of $25,000 and one with the Haight Ashbury Free Clinics, Inc. in the amount of $35,000 to provide collaborative activities with the AIDS Office regarding epidemiologic and prevention effectiveness issues around AIDS and other serious illnesses for the period of July 1, 1995 through June 30, 1996.

(3.4) **CHS - AIDS** - Renewal contract with Shanti Project, in the amount of $304,316 for the provision of emotional support to persons with AIDS at San Francisco General Hospital and van transportation for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Shanti Project for services totaling $755,253 in FY 1994-95).

(3.5) **CHS - AIDS**- Renewal contract with Central City Hospitality House, in the amount of $51,500 to provide HIV risk reduction services for homeless and runaway youth in San Francisco for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Central City Hospitality House for services totaling $561,918 in FY 1994-95).

(3.6) **CHS - AIDS** - Request for retroactive approval for the allocation of augmentation funding in the amount of $79,000 for six (6) programs funded through the State Office of AIDS Education and Prevention, for the period of April 1, 1995 through June 30, 1995.

(3.7) **CHS - AIDS** - Renewal contract with the San Francisco AIDS Foundation, in the amount of $224,614 to provide Emergency Housing and Rental Subsidy services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 in FY 1994-95).

(3.8) **CHS - AIDS** - Renewal contract with the Regents of the University of California- AIDS Health Project, in the amount of $126,000 to provide services for HIV and Substance Abuse counseling education and training, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with UCSF for services totaling $12,625,232 in FY 1994-95 exclusive of the Affiliation Agreement).

(3.9) **CHS - Maternal and Child Health** - First modification to the contract with Polaris in the amount of $19,000 to provide educational services to African American mothers with children 0-2 years old, for the period of April 15, 1995 through June 30, 1995. (DPH contracted with Polaris for services totaling $149,951 in FY 1994-95).

(3.10) **DMS- CMHS - Family Mosaic** -Request approval of extension of a contract with State Department of Health Services to receive up to $2.2 million in federal and state funds to operate a capitated Medi-Cal reimbursement program for services provided in the Family Mosaic Project, for the period of July 1, 1995 through December 31, 1995.

(3.11) **DMS - CMHS - Family Mosaic** - Request approval of the attached list of 167 individuals and agencies in a provider pool at a funding level in the amount of $2,186,324 for the 1995-96 fiscal year, to provide services on an as-needed basis for children with severe emotional disturbances.

(3.12) **SFGH - Prop J - Security Guard Services** - Request to approve a resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Security Guard services can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1995 through June 30, 1996.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

5) PRESENTATION ON THE HIV HEALTH SERVICES PLANNING COUNCIL COMPREHENSIVE 5-YEAR PLAN

6) PRESENTATION ON A RESOLUTION OPPOSING MANDATORY NAME REPORTING OF HIV POSITIVE PERSONS TO COUNTY HEALTH AUTHORITIES

7) STATUS OF COMMUNITY SUBSTANCE ABUSE SERVICES

8) CONSIDERATION OF A RESOLUTION TO REPEAL THE ADMINISTRATIVE CODE FOR SITE APPROVAL FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

9) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

10) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Arthur M. Jackson
President

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Vice President

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Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 16, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

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Present:	Commissioner Rebecca P. Castaneda, D.D.S.
	Commissioner Edward A. Chow. M.D.
	Commissioner Arthur M. Jackson
	Commissioner Margel F. Kaufman
	Commissioner Michael D. Shriver
Absent:	Commissioner Sharon Gadberry, Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 2, 1995

Action Taken: The Commission unanimously adopted the minutes of May 2, 1995.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Third Quarterly Revenue and Expenditure Report for DPH FY 1994-95.

(3.2) Update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and presentation of a plan for Shanti's debt repayment to the City

Gloria Sandoval, Shanti Project Executive Director, gave an update on their program in the Tenderloin. She also reaffirmed her agency's commitment to pay its debt to the City. She introduced their attorney who gave an update on the settlement process. The attorney estimated a timeframe between 3 to 8 months for resolution of this settlement.

(3.3) CHS - AIDS - Combined request for: 1) Approval to apply for, accept and expend a new grant in the amount of $200,000 from the Department of Health and Human Services, Centers for Disease Control, to fund *San Francisco as an Urban Center for Applied Research Project* for the period of July 1, 1995 through June 30, 1996; 2) Sole source approval for two new contracts, one with the University of California, San Francisco in the amount of $25,000 per annum, and one with the Haight Ashbury Free Clinics, Inc. in the amount of $35,000 per annum to provide collaborative activities with the San Francisco Department of Public Health AIDS Office regarding epidemiologic and prevention effectiveness issues around AIDS and other serious illnesses and social problems for the period of July 1, 1995 through June 30, 2000 and 3) Approval for two new contracts, one with the University of California, San Francisco in the amount of $25,000 and one with the Haight Ashbury Free Clinics, Inc. in the amount of $35,000 to provide collaborative activities with the AIDS Office regarding epidemiologic and prevention effectiveness issues around AIDS and other serious illnesses for the period of July 1, 1995 through June 30, 1996.

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Board member, Steve Arcelona, gave an update on the agency's improved fiscal practices.

(3.6) CHS - AIDS - Request for retroactive approval for the allocation of augmentation funding in the amount of $79,000 for six (6) programs funded through the State Office of AIDS Education and Prevention, for the period of April 1, 1995 through June 30, 1995.

(3.7) CHS - AIDS - Renewal contract with the San Francisco AIDS Foundation, in the amount of $224,614 to provide Emergency Housing and Rental Subsidy services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 in FY 1994-95).

Commissioner Shriver requested to continue this item until the most recent demographics of the staff and Board are submitted.

(3.8) CHS - AIDS - Renewal contract with the Regents of the University of California- AIDS Health Project, in the amount of $126,000 to provide services for HIV and Substance Abuse counseling education and training, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with UCSF for services totaling $12,625,232 in FY 1994-95 exclusive of the Affiliation Agreement).

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(3.10) DMS- CMHS - Family Mosaic -Request approval of extension of a contract with State Department of Health Services to receive up to $2.2 million in federal and state funds to operate a capitated Medi-Cal reimbursement program for services provided in the Family Mosaic Project, for the period of July 1, 1995 through December 31, 1995.

Commissioners requested a breakdown of the total budget and a cost analysis of the program.

(3.11) DMS - CMHS - Family Mosaic - Request approval of the attached list of 167 individuals and agencies in a provider pool at a funding level in the amount of $2,186,324 for the 1995-96 fiscal year, to provide services on an as-needed basis for children with severe emotional disturbances.

Commissioner Castaneda requested a 3-month follow-up on progress of the number of Asian and Latino providers, and a breakdown of the multiracial category to identify Asian and Latino providers.

Commissioner Shriver requested information on the number of lesbian/gay youth providers and agencies and the number of substance abuse providers.

(3.12) SFGH - Prop J - Security Guard Services - Request to approve a resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Security Guard services can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1995 through June 30, 1996.

Public Speaker: Rita Connolly, Local 790, opposed the resolution.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for item #3.7.

Commissioner Kaufman requested a full presentation of the Family Mosaic Project at a future Commission meeting.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

MANAGED CARE

San Francisco Health Authority Provider Network

On May 8, 1995 the Community Health Network of San Francisco (CHN) submitted its application to participate in the provider network of the San Francisco Health Authority. The CHN is comprised of San Francisco General Hospital, the UCSF Clinical Practice Group at SFGH, and the Community Public Health Services clinics. CHN is considering expanding its base of providers. It is currently negotiating with the San Francisco Community Clinic Consortium and the multispecialty clinics at St. Mary's Medical Center. CHN believes its mission to provide medical care access to the poor, uninsured and underinsured populations of San Francisco, and to preserve community-based care is consistent with the guiding principles of the Health Authority. In addition to direct clinical care, CHN has access to a vast array of prevention and early intervention programs dedicated to meeting the multiservice needs of the Medi-Cal population.

Capitation Rates

On May 3, 1995, the Senate Health and Human Services Committee held a special hearing on the capitation rates under Medi-Cal Managed Care. The hearing was called at the request of commercial HMO's which expressed concern over the State's low capitation rates and the methodology used to calculate those rates. Several health plans, counties, and health care associations testified. San Francisco submitted written testimony for the hearing. The State Department of Health Services was present to respond to any questions.

Capitation rates under Medi-Cal Managed Care are lower than the existing PHP capitation rates. Commercial plans expressed concern that the State is forcing commercial plans out of Medi-Cal managed care with the low rates. The situation is no better for San Francisco's Local Initiative because there is little disparity between the capitation rates offered to the commercial plan and the Local Initiative. The financial viability of local initiatives is threatened by these low capitation rates.

The State indicated that it did not see any threat of commercial plans abandoning Medi-Cal Managed Care based upon the capitation rates. However, should a commercial plan refuse to accept the State's Medi-Cal Managed Care contract based on the capitation rates, it is unclear how the State would address this issue. The State stressed that there is a limited amount of money for Medi-Cal Managed Care capitation rates. Under federal guidelines, the State cannot spend more for Medi-Cal under capitation than it currently spends under fee-for-service (FFS). The current FFS expenditures put a ceiling on Medi-Cal Managed Care expenditures. The State did acknowledge the real concern of Congress block granting MediCaid dollars. Federal block grants would further aggravate the capitation problem by forcing additional reductions on the amount of MediCaid dollars available to the State.

The Senate Committee expressed concern that low capitation rates could compromise the quality of care for Medi-Cal beneficiaries. The Senate Health and Human Services Committee expressed dismay that the State had not kept the Legislature fully informed about implementation of Medi-Cal Managed Care. As a result, it was unaware of ongoing issues surrounding the State's strategic plan. Understanding the funding limits for capitation, the Senate questioned the State's commitment to addressing California's low federal financial participation (50%) in Medi-Cal. Increased financial participation in Medi-Cal by either the federal or State government would increase the pool of money available for capitation.

The Senate Health and Human Services Committee indicated that it will write a letter to the State Department of Health Services requesting that it meet with health plans, local initiatives and the Legislative Analyst Office to review the actuarial methodology used to calculate the rates. The meeting should be held within the next few weeks.

General Accounting Office Study on California's Medi-Cal Managed Care Plan

On May 12, 1995, the General Accounting Office issued a report on California's Medi-Cal Managed Care Expansion Plan. The report was requested by Congressman Henry Waxman (Los Angeles). The GAO expressed serious reservations about the State's ability to successfully implement and monitor the delivery of services under Medi-Cal Managed Care. The GAO also questioned financial incentives against the provision of care under managed care systems. As a result of the report, Rep. Henry Waxman has requested that HCFA deny approval of California's waiver to implement Medi-Cal Managed Care until the State addresses the problems outlined in the study.

HCFA has also indicated its concern regarding the State's ability to implement this program. Dr Rodney Armstead, director of HCFA's managed care, said that the agency may be forced to impose limitations on the State's implementation plan. One option under consideration is Medi-Cal Managed Care implementation on a county-by-county basis as opposed to all 13 counties at once

At this point, it is difficult to determine what impact the GAO report will have on the State's implementation of Medi-Cal Managed Care. I believe that it is crucial for HCFA to actively monitor the State's implementation plan to ensure that all service, provider choice and safety net issues are fully addressed prior to implementation. The capitation rates in particular need to be analyzed from an actuarial perspective and not simply based on current FFS expenditures. I will keep the Commission apprised on any new developments in Medi-Cal Managed Care related to the GAO report.

ADMINISTRATION

Marketing Appointment

Eileen Shields joins the Department today and will concentrate her efforts on marketing and public relations. Eileen will be responsible for development of Departmental marketing strategies as we enter the managed care arena. She will work closely with DPH Divisions in coordinating ongoing customer relations efforts. Eileen's background includes experience as a teacher, free lance writer, public information officer and most recently as the marketing director for the Economic Development Commission of Carroll County, Maryland. Eileen will be working closely with Anne Kronenberg. I am sure you all join me in welcoming her to DPH.

SAN FRANCISCO GENERAL HOSPITAL

Diversion Statistics

Total diversion for April 1 through April 30 was 2 hours and 52 minutes or 1%. Critical Care was 96 hours and 54 minutes or 13.5%. The patients acuity during this period was quite high. The average was 57%; 1:1 nurse/patient ratio. All means were used to obtain supplemental staffing using the registry. Average census at time of diversion was 23 patients.

LAGUNA HONDA HOSPITAL

HCFA Administrator Visits Laguna Honda Hospital

Dr. Bruce Vladeck, Administrator of the Health Care Financing Administration (HCFA), visited Laguna Honda Hospital on May 9th. Teresa Serata, Margaret Kisliuk and DPH staff joined Tony Wagner and me in an informative briefing and tour. Dr. Vladeck discussed trends in the health care industry and spoke of his willingness to consider Laguna Honda Hospital as a site for various financial and program demonstration projects. Dr. Vladeck also toured the patient care areas and was genuinely impressed with the quality and scope of services provided. It was an honor to confer with the leading federal health care policy makers on our services to the community.

Record-High Census at Laguna Honda Hospital

The census at Laguna Honda Hospital reached 1,159 patients on May 5th. This is a contemporary record high census and is significantly over the Hospital's budgeted census level of 1,145. I commend all of the staff at Laguna Honda Hospital for their continuing commitment to quality and service as demonstrated by the record breaking census.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Childhood Lead Poisoning Prevention Act Funding

Last week a motion for summary judgment was issued stating current fee-based funding of the Childhood Lead Poisoning Prevention Act is unconstitutional, based on tax law. Sinclair Paint, the plaintiff, successfully argued that the current industry fee is a tax and was not passed by a 2/3 vote of the legislature. The judge has not issued his ruling in writing. The National Center for Youth Law will intervene on behalf of the children of California. The State Department of Health Services will also appeal when the judge has issued his complete ruling.

Based on the initial court decision, no fee payer refunds will be issued. The portion of the Act mandating State and local jurisdictions perform case management remains in tact. Only the funding portion of the Act was challenged. It is staff's understanding, that funding is committed through the remainder of this fiscal year and FY 1995-96. As previously planned by the Department and approved by the Board of Supervisors, we will finish spending the award for the first 3-year period in FY 95-96. The budget for the second 3-year period (FY 1995-96, 96-97 and 97-98) have been submitted and approved by DHS. However, a signed copy has not been received yet.

The Department will support the State's appeal, seek indemnification of the funds going to the counties, and if necessary, seek alternate funding sources from the Legislature.

Spanish Language Media Coverage

The DPH Childhood Lead Prevention Program (CLPP) collaborated with Poison Control Center's "Prevent Lead Poisoning in your Home" children's poster contest for schools in six Bay Area counties. Leticia Medina, Health Educator with CLPP, was responsible for contacting the Spanish media. Two press releases generated a lot of interest in lead related issues and resulted in TV news coverage and a radio interview.

Radio La Grande 1010 interviewed Ms. Medina over the phone for the morning news and covered health effects and the problems associated with old housing in Latino Mission District community. A reporter came to the CLPP office and did a news segment on Mexican pottery as a lead source. The second segment dealt with health effects of lead poisoning.

Presently, Ms. Medina is assisting Channel 14 in preparing a series on home remedies, which will be shared with the international Univision cable network, and shown on Spanish-language cable programs throughout the hemisphere. We expect the program to be broadcast in San Francisco on May 26th.

APRIL STATISTICS

AIDS Statistics (from 7/1/81 to 4/30/95)

Total San Francisco Reported Cases:	21,244
Total San Francisco Reported Deaths	14,126
Total S.F. cases reported month to date	169
Total S.F. deaths reported month to date	126
Total California Reported cases	81,498 cases;
(as of 3/31/95)	51,396 deaths

San Francisco General Hospital

Inpatient

Average Daily Census.(except newborns):	280.3
Newborn Nursery:	15.6
Actual Patient Days (except newborns)	8,410

Newborn Nursery:	467
Admissions (except newborns):	1,455
Newborn Nursery:	116
Average Length of Stay (except newborns):	6.0
Newborn Nursery:	3.8
Discharge Patient Days (except newborns):	8,869
Newborn Nursery:	434
Discharges (except newborns):	1,480
Newborn Nursery:	113

Outpatient Visits

Primary Health	9,649
Family Health:	3,054
General Medicine:	1,972
Pediatric:	2,730
OB/GYN:	1,893
Specialty Clinics:	10,926

Emergency Activities

Non-Admit Emerg. Dept. Visits:	4,789
ED Admissions:	830
Psychiatric Emergency Services:	341
Psychiatric Emergency Admissions:	155

Laguna Honda Hospital

All Beds	1,144
Acute Services	8
SNF Services	1,136
AIDS/Hospice SNF	18

Mental Health

Number of Patients at SFGH:	**Stats are not available**
Number of Medically Complex	
Number Total Care	
Number HIV	
Number AIDS	
Number Community Beds	

CPHS - Primary Care Visits for Health Centers

Health Center #1:	**Due to the relocation of CPHS Billing Unit Billing Unit to their new site at SFGH, March stats are not available.**
Maxine Hall Health Center:	
Health Center #3:	
Health Center #4:	
Health Center #5:	
Tom Waddell Clinic:	
Potrero Hill Health Center:	
Southeast Health Center:	

Special Programs for Youth:	2,006
TOTAL VISITS:	2,006

Disease Control

TB Clinic:	1,526
City Clinic:	1,545

SSI Clinic FYTD Summary as of 4/30/95

Referrals to Triage	1,641	(410/wk)
No Shows	8	(5%)
Seen by Triage	1,560	(390/wk)
Significant Findings of Unemployables:		
Medical Problems	364	(32%)
Psychological Problems	727	(64%)
Med & Psych Problems	38	(3%)
Employability Ratings		
Employable: Workfare/ Job Search	322	(21%)
Indeterminate: Pt. Referral	109	(7%)
Temp Unemployable: ReEval Triage	1,043	(67%)
Perm Unemployable: Advocacy Unit	86	(6%)
Advocacy Unit		
Total Caseload		
Active Cases	46	
Inactive	36	
Referrals into Intake	151	
No Shows	0	
Seen by Intake	151	
Advocacy Activity		
Initial SSI/SSA Applications Completed	88	
Pending SSI/SSA Application Case Managed	63	
Recouped GA Expenditures for January 1995	$99,546	

Bureau of Epidemiology and Disease Control

Reportable Diseases

	5 Week Period Ending 4/29/95			*Year-to-Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	457	215	155	2387	930	661
Campylobacteriosis	44	41	32	190	156	142
Giardiasis	330	20	42	93	115	148
Hepatitis A	23	14	37	78	52	128
Hepatitis B	7	9	6	23	22	19
Salmonella	22	11	3	71	48	43
Shigella	17	9	17	68	54	77
TB	24	25	22	119	96	83
Gonorrhea	254	150	162	783	643	576
Syphilis	11	6	8	53	30	19

* Resident cases only.

April Statistics 1995

Community Substance Abuse Services

Persons on Wait List on Last Day	488
Daily Census on Last Day	7,195
Outpatient Visits Provided	50,258
Residential Days Provided	12,343

Credentialing of Medical Staff
Third Quarter: Academic Year 1994-1995

COMMITTEE ACTIONS		MAY 1995	YEAR TO DATE TOTAL
APPOINTMENTS	ACTIVE	5	53
MONTH TOTAL = 24	COURTESY	16	138
	AFFILIATED	3	14
REAPPOINTMENTS SUBMITTED	ACTIVE	15	115
MONTH TOTAL = 24	COURTESY	4	186
	AFFILIATED	5	41
REAPPOINTMENTS NOT SUBMITTED MONTH TOTAL = 7/32*	ACTIVE COURTESY AFFILIATED	6 21 5	6* 21* 5*
CHANGE IN PRIVILEGES		0	3
CHANGE IN STAFF STATUS		0	29
RESIGNED/SEPARATED		2	118

* October 1994 - Present.

President Jackson announced the July Commission meetings will be Tuesday July 11, and Tuesday, July 25, 1995.

He also announced that agenda item #8 will be continued to the June 6, 1995 meeting due to a request of Commissioner Gadberry, who is out of town today.

5) PRESENTATION ON THE HIV HEALTH SERVICES PLANNING COUNCIL COMPREHENSIVE 5-YEAR PLAN

Norm Nickens, Estela Garcia, and Steve Lew, Co-Chairs of the HIV Health Services Planning Council, presented an overview of the "Comprehensive Five-Year Plan: A Client-Centered System of Care", (Attachment A.)

Commissioner Kaufman commended the Planning Council for its partnership with the AIDS Office and its community-based approach to this planning process.

Commissioner Shriver commented on the high quality of work in this client-oriented plan.

Commissioner Chow emphasized the importance of the implementation phase to be a systemwide approach.

The Planning Council and the AIDS Office will be responsible for implementation.

The Department will provide a 6-month update to the Commission. (November 1995).

6) PRESENTATION ON A RESOLUTION OPPOSING MANDATORY NAME REPORTING OF HIV POSITIVE PERSONS TO COUNTY HEALTH AUTHORITIES

Action Taken: The Commission unanimously adopted Resolution #15-95, "Opposing State Legislation Which Would Require Mandatory Names Reporting of HIV Infected Persons", (Attachment B).

7) STATUS OF COMMUNITY SUBSTANCE ABUSE SERVICES

Dr. Larry Meredith, Deputy Director of Substance Abuse and Forensics, presented a status report relating to alcohol and drug treatment services:

1. 1995-96 Budget.
2. Tom Smith Center.
3. Target Cities Project.
4. Grants in Process.
5. Americans with Disabilities Act: Impact of Department of Alcohol and Drug Programs.
6. Characteristics of Clients in Substance Abuse Treatment. - Voluntary Compliance Agreement.

For a copy of this report, contact the Commission Office (554-2266).

Regarding the Tom Smith Center, Dr. Meredith reported the following:

> After careful analysis and consideration, the Department has decided to reallocate funding from the Tom Smith Center (TSC) to a community based setting. This decision was a most difficult one in view of the existing need for quality treatment for substance abusers with significant men health and HIV problems, and the history of excellence that TSC and its predecessor, the Alcoholism Evaluation and Treatment Center, has provided over the last 25 years. Unfortunate the forces against the continuation of this civil service program are compelling and require definitive action. The Department is committed to applying the same performance and cost standards for both publicly and privately operated programs.

Commissioner Shriver expressed his concern that compliance with Ryan White Funding, which is a substantial allocation the TSC, be followed. Ryan White Funding requires that HIV infected persons b served in the target population in proportion to the funding.

Commissioner Chow raised the question of why the San Francisco rates of Emergency Room Drug Episodes are so high in comparison to other cities and requested the Department to analyze this.

Commissioner Shriver requested updated information on the Federal reorganization of SAMHSA (Substance Abuse and Mental Health Services Administration.)

Public Speakers: All opposed closing of the Tom Smith Center.
Alan David Kalbrofsky
Robert Murray
Eve Bevington
Steven Shoup
Christine Osborne
Sandra White
Dale Butler, Local 250
Steve Leoni
Marian Newhouse

8) CONSIDERATION OF A RESOLUTION TO REPEAL THE ADMINISTRATIVE CODE FOR SITE APPROVAL FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

This item was continued to June 6, 1995.

9) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1995-96

Monique Zmuda, Acting Department of Public Health Budget Director, gave the current status of the Department's budget for FY 1995-96, (Attachment C). She also reported the Mayor's additional financial commitment of $1 million to continue the substance abuse beds and $2.6 million to augment the operating costs of the new mental health rehab facility for FY 1995-96.

Public Speakers: All opposed the public health nurse replacement with staff nurses.
Rita Connolly, Local 890
Richard Delaney, Teamsters Union, Local 856
Holly Bertwhistle, public health nurse
Denise Collins, " " "
Fran Carter, " " "
Gail Herrick, " " "
Steve Gree, staff nurse

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

TABLE OF CONTENTS

EXECUTIVE SUMMARY
Page

EXECUTIVE SUMMARY 1

Introduction 1

Section A: Where We Are: A Description of the Situation Throughout the EMA 3

Section B: Where We Are Going and How We Will Get There 9

Section C: Monitoring Our Progress 12

Summary 14

SECTION A
Page

SECTION A:
WHERE WE ARE:
A DESCRIPTION OF THE SITUATION THROUGHOUT THE EMA 1

Section A (1):
Current Local Epidemic and Future Trends with Respect to Affected Subpopulations 2

Introduction 2

Overview of HIV Epidemiology in the San Francisco EMA 2

Demographic Distribution of AIDS Cases in the City and County of San Francisco 9

Projected Trends of the AIDS Epidemic in San Francisco 11

Trends in Survival for Persons with Consistently Defined AIDS in San Francisco 13

Demographic Distribution of AIDS Cases in San Mateo and Marin Counties 14

  San Mateo County 15

  Marin County 17

Analysis/Discussion of the Implications of Current and Projected HIV Epidemiology for the Service Delivery System 19

TABLE OF CONTENTS (Cont'd.)

SECTION A
Page

Section A (2):
The Results of a Comprehensive Needs Assessment, which Includes Analysis of both Quantitative and Qualitative Data 21

Introduction 21

The 1994 Comprehensive HIV Needs Assessment 22

Voices of Experience 26

People of Color and HIV/AIDS 34

Five-Year HIV/AIDS Housing Plan 40

San Mateo County Service Needs Assessment 41

Marin County Service Needs Assessment 42

Summary and Analysis of Multifaceted Needs Assessment Process 44

Section A (3):
An Inventory of Local, State, and Federally Funded Public and Private Resources 46

San Francisco City and County 47

San Mateo County 51

Marin County 53

TABLE OF CONTENTS (Cont'd.)

SECTION A
Page

Section A (4):

A Description of Existing Barriers to Care and Weaknesses of the Current System 54

Fragmentation of the Service Structure 54

Lack of Coordination Among Information and Referral Sources 54

Repetition of the Intake Process 55

Lack of Adequate Systemwide Care Coordination 55

Capacity Issues 56

Targeted versus Generalized Care 56

Gap in Service System for HIV-Infected, Asymptomatic Adults 56

Barriers Related to Literacy, Language and Disability 56

Section A (5):

A Discussion of the Other Issues which Impact the Delivery of Services to Individuals and Families with HIV Disease Within the EMA 58

Geographic Constraints 58

Capacity Issues (Staff/Facilities) 64

CARE Financing/Regulatory Issues 65

Public Health Infrastructure Constraints 67

TABLE OF CONTENTS (Cont'd.)

SECTION B
Page

SECTION B:
WHERE WE ARE GOING AND HOW WE WILL GET THERE 1

Section B (1):
Shared Values 2

The Concept of a Client-Centered System of Care 3

Planning and Designing the HIV Service Structure at the System Level 5

Formulating a Client-Centered Plan 7

Section B (2):
Shared Vision 8

Creating a Client-Centered System 8

Developing HIV Health Services from a Systemwide Perspective 10

The Continuum of Care 10

Care Coordination 12

Diagram: HIV Health Services: A Client-Centered System of Care 13

Coordinated Client Intake 15

Unified Information and Referral 16

Case Management 17

Developing a Systemwide Database Management System 19

Systemwide Developments in the Three Counties of the San Francisco EMA 20

EMA-Wide Development Activities 21

County-Specific Initiatives 22

San Francisco City and County 23

San Mateo County 25

Marin County 26

Conclusions 28

SECTION B
Page

Section B (3):
Goals and Objectives 29

Systemwide Developments for the San Francisco EMA 31

Service Categories:

Primary Medical Care 46

Housing and Housing-Related Services 56

Food Bank / Home Delivered Meals / Food Vouchers 64

Mental Health Therapies and Counseling 68

Substance Abuse Treatment and Counseling 75

Home Health Care 81

Hospice Care 85

Dental Care 87

Case Management 90

Direct Emergency Assistance 95

Alternative / Complementary Therapies 98

Client Advocacy 101

Buddy / Companion Services 103

Day and Respite Care 106

Transportation 109

Rehabilitation Care 111

Translation / Interpretation Services 113

Adoption / Foster Care Assistance 115

SECTION C
Page

SECTION C:
MONITORING OUR PROGRESS 1

Section C (1):
Progress Toward Achieving the Goals and Objectives of this Plan 2

Strategic Monitoring Process 2

The Role of the Planning Council and the Long Range Planning Subcommittee 3

Service and Support Monitoring 5

Section C (2):
Changes in the Epidemic, Unmet Service Needs, and Locally Available Resources 6

Epidemiologic Monitoring 6

Unmet Service Needs 6

Resource Directory 7

Utilization Data 7

Section C (3):
Utilizing this Information to Update / Revise the Comprehensive Plan 8

Evaluation Subcommittee 8

Client Satisfaction Surveys 8

Needs Assessment 9

Provider Surveys 9

Cost-Effectiveness Studies 10

Program Effectiveness Studies 10

TABLE OF CONTENTS (Cont'd.)

APPENDIX A
Page

APPENDIX A:
Epidemiologic Data 1

Estimated HIV Seroprevalence Among SF Youth 1

AIDS Case Data 2

Projections of the AIDS Epidemic in San Francisco 8

Recent Trends in Survival for Persons with Consistently Defined AIDS 14

San Mateo County AIDS Surveillance Report 16

APPENDIX B
Page

APPENDIX B:
Developing Standards of Practice for AIDS Case Management 1

Defining AIDS Case Management and Care Coordination 1

Developing Standards of Practice for AIDS Case Management 3

Evaluation of AIDS Case Management Programs 8

Developing Quality Assurance Standards 10

A Process for Developing Standards of Practice 12

Development of a Systemwide Database Management System 13

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-95

OPPOSING STATE LEGISLATION WHICH WOULD REQUIRE MANDATORY NAMES REPORTING OF HIV INFECTED PERSONS

WHEREAS, there has been a call from the California Medical Association for mandatory reporting of HIV infected persons to County health authorities; and,

WHEREAS, mandatory names reporting will likely discourage individuals at risk for HIV infection from seeking HIV antibody testing and, thereby, not learn of their HIV status and seek early medical treatment; and,

WHEREAS, mandatory names reporting will discourage individuals from seeking medical care, who learn that they are HIV antibody positive at anonymous testing sites; and,

WHEREAS, there is no evidence that mandatory names reporting will decrease the number of new HIV infections; and,

WHEREAS, the Department already provides voluntary partner notification to persons who test HIV positive; and,

WHEREAS, the resources used for implementing mandatory names reporting could be better used for blind seroprevalence studies at sentinel sites, which would provide fuller information about HIV infection for planning purposes; now, therefore, be it

RESOLVED, that the San Francisco Health Commission is strongly opposed to State Legislation which would require the reporting of names of HIV infected persons in San Francisco to County health authorities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 16, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco

Department of Public Healt

Sandra R. Hernández, M.D.
Director of Health

MEMORANDUM

TO: Honorable Arthur Jackson, President and
Members of the Health Commission

THROUGH: Sandra R, Hernández, M.D. /SRH
Director of Health

FROM: Monique Zmuda,
Acting Chief Financial Officer

DATE: May 16, 1995

SUBJECT: Fiscal Year 1995-96 Budget Update

The following report outlines the current status of the Department of Public Health's budget for Fiscal Year 1995-96:

As part of the Mayor's original budget instructions, Departments were asked to absorb all the increases associated with labor and cost of living including newly ratified labor agreements for fiscal year 1995-96. As a Department with approximately 6000 employees, additional salary or benefit increases represent a significant cost. For fiscal year 1995-96, the Department has already absorbed $8.85 million costs attributed to the SEIU contract. Newly ratified contracts which the Department had not budgeted for, represent an additional $1.4 million increase. There are a few contract negotiations currently underway with other labor unions which represent additional labor costs to the Department. Until these negotiations are concluded, there is no definitive information on what the salary and benefit increases might include. The Department will analyze the data and report to the Commission when additional information is available.

In our effort to comply with the Mayor's budget instruction, the Department has proposed to cover the $1.4 million in additional labor costs as detailed below:

(415) 554-2600 101 Grove Street San Francisco, CA 941

DIVISION	AMOUNT	REDUCTION
CHS	$400,000	Replace 68 PHN's with 68 Staff Nurses
	$50,000	Work order for MIS - Community Public Health
	$50,000	Work order for MIS - Central Office
	$62,000	Eliminate Vacant OSH Industrial Hygienist Position
	$116,000	Eliminate Senior Disaster Registry Program -2 vacant positions
	$15,000	Eliminate .4 vacant Medical Records Clerk at HC 5
	$41,000	Eliminate vacant 2588 Health Worker II position at TB Clinic
SFGH	$380,000	Salary Savings in Acute Care Budget (salary savings would be 8.2% with this addition)
LHH	$100,000	Reduced salary accounts by delaying the hiring of positions for new ward
	$167,000	Reduction in Light Heat Power
DMSF	$40,000	Reduce MIS work order funding
	$37,000	Eliminate vacant 1424 Clerk Typist
TOTAL	$1,458,000	

As the Commission is aware, the Department has thus far absorbed $38 million in the 1995-96 budget. While we have been determined to manage these reductions without significant service cuts, it has non-the-less been a difficult and painful process and one for which we will need support from the Commission, our staff and managers, labor and Human Resources to implement. Much of this work lay ahead. Since 1991-92, the Department's general fund allocation has been reduced by $60 million, a 34% reduction from $177.3 allocation in 1991-92, while expenditures have increased $93 million.

The Department has projected $22.3 million in increased revenues for fiscal year 1995-96. Our success in collecting these new revenues relies on our ability to mobilize staff and shore up the infrastructure necessary to capture increased reimbursements. At least $2.5 million in revenues is dependent on our ability to hire the staff to open two new wards at Laguna Honda Hospital.

In previous years the Department has vigorously pursued administrative and operating efficiencies, last year implementing reductions of $6.2 million in administrative and operating efficiencies. Administrative restructuring resulted in the reduction of 70 management positions last year alone. To minimize service cuts, the Department has internally streamlined operations, reduced our MIS and supply budgets and have cut back staffing levels to the minimum. For the 95-96 fiscal year the Department has proposed cutting 94 administrative positions and 50 vacant positions and has proposed productivity and operating efficiencies of $13.9 million.

State and Federal Budget Impact

The Governor in his State budget has proposed approximately $67.8 million in reductions to health service programs currently in existence state-wide. The proposals include initiatives that would devastate the City's ability to provide long-term care. Both the Senate and Congress have proposed cuts in AIDS Care funding, while the Republican Contract with America has targeted reductions in Medicaid and other healthcare programs as the means to balance the Federal budget. The extent of the Federal and State cut backs have yet to be determined, however the Department anticipates it can no longer rely on additional revenue from these sources.

The Department of Public Health believes that it has maximized our program and operations. Any further reductions of General Fund will compromise San Francisco's ability to protect the health care safety net for the neediest of San Francisco's residents.

The Mayor's Office staff will finalize the 1995-96 budget by May 14. The Department will keep the Commission informed on any further changes to our budget.

Thank you for your consideration of this matter.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

June 6, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 16, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of approval of 1995-96 Department of Public Health Patient Fees Schedule.

(3.2) Consideration of a request by Dartmouth College to use a two-minute segment of a previously developed videotape.

(3.3) **CHS - AIDS -** Recalendaring of the renewal contract with the San Francisco AIDS Foundation, in the amount of $224,614 to provide Emergency Housing and Rental Subsidy services, for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 in FY 94-95).

(3.4) **CHS - AIDS** - Renewal contract with Westside Community Mental Health Center, in the amount of $158,200 to provide HIV counseling, testing, risk reduction education, referrals and partner notification services to injection and other drug users, their sex partners, and their needle sharing partners, for the period January 1, 1995 through December 31, 1995. (DPH contracted with Westside Community Mental Health Center for services totaling $3,626,163 in FY 94-95).

(3.5) **SFGH/LHH** - Approval of contracts for health care legal services as follows:
1) Retroactive contract Modification #2 with Weissburg and Aronson, Inc., (Weissburg) to increase the SFGH contract amount by $88,340 for additional legal services involving consultations for Managed Care issues, for the period of January 1, 1995, through June 30, 1995;
2) Renewal contract approval with Weissburg, in the amount of $25,000 for 6 months, to provide SFGH health care legal services for the period of July 1, 1995, through December 31, 1995; and
3) Renewal contract with Hanson, Bridgett, Marcus, Vlahos & Rudy (Hanson) in the amount of $17,500 for 6 months, to provide LHH health care legal services for the period of July 1, 1995, through December 31, 1995. (DPH contracted with Weissburg for services totaling $85,000 in FY 94-95). (DPH contracted with Hanson for services totaling $35,000 in FY 94-95).

(3.6) **SFGH** - Resolution to approve a Proposition J Contract for the provision of contracting out the laundry processing services at San Francisco General Hospital (SFGH) for the period of July 1, 1995, through June 30, 1996.

(3.7) **SFGH** - Contract approval, and companion Resolution for Allied Information and Services Corp., for the period of July 1, 1995, through June 30, 1999, for paramedic and ambulance billing and collection services, at San Francisco General Hospital (SFGH) and the Paramedic Division; all services based on contingency fees from revenues collected. (DPH contracted with Allied Information and Services Corp. for services totaling $709,116 in FY 94-95).

(3.8) **DMS - CSAS -** First modification to the contract with Women's Alcoholism Center, Inc in the amount of $189,192 to augment existing residential services, add new residential services, and augment day care/habilitative and prevention services for the period of March 1, 1995 through June 30, 1995. (DPH contracted with Women's Alcoholism Center, Inc. for services totaling $1,024,871 in FY 94-95).

(3.9) **DMS - CSAS -** Status report on the Fiscal Year 1994/95 contract with St. Vincent de Paul Society of San Francisco.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) UPDATE AND STATUS ON DIVISION OF COMMUNITY PUBLIC HEALTH

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION TO REPEAL THE ADMINISTRATIVE CODE FOR SITE APPROVAL FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

7) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

/95

//

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

///

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 6, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow. M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Margel F. Kaufman Commissioner Lee Ann Monfredini
Absent:	Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 16, 1995

Action Taken: The Commission unanimously adopted the minutes of May 16, 1995.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Consideration of approval of 1995-96 Department of Public Health Patient Fees Schedule.

Commissioners requested information on how more disclosure on fees for consumers can be available.

(3.2) Consideration of a request by Dartmouth College to use a two-minute segment of a previously developed videotape.

3.3) **CHS - AIDS -** Recalendaring of the renewal contract with the San Francisco AIDS for the period of July 1, 1994 through June 30, 1995 Foundation, in the amount of $224,614 to provide Emergency Housing and Rental Subsidy services,(DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 in FY 94-95).

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This item was postponed to a future meeting.

(3.7) **SFGH -** Contract approval, and companion Resolution for Allied Information and Services Corp., for the period of July 1, 1995, through June 30, 1999, for paramedic and ambulance billing and collection services, at San Francisco General Hospital (SFGH) and the Paramedic Division; all services based on contingency fees from revenues collected. (DPH contracted with

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(3.9) **DMS - CSAS -** Status report on the Fiscal Year 1994/95 contract with St. Vincent de Paul Society of San Francisco.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for item #3.6.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

APPOINTMENTS AND TRANSFERS

New Health Commissioner

On behalf of the Department, I would like to extend a warm welcome to the newest member of the Health Commission, Lee Ann Monfredini.

Ms. Monfredini is currently the Associate Director of Development for Donor Relations and Special Events at the California Pacific Medical Center Foundation. She was previously the Director of Development at Edgewood Children's Center and was a Board Member for Christmas in April.

Ms. Monfredini has also served as a member of the Commission on Aging, Board of Supervisors' Senior Task Force and HIV Task Force. She attended the University of San Francisco and Lone Mountain College.

Human Resource Manager Transfer

I regret to announce that Mr. Rafael Centeno, our Human Resource Manager for all non-hospital based community health programs, will be leaving the Department to accept a similar position with the Airport effective July 1, 1995. Rafael has been a valuable member of the Department's management staff for the last fourteen years.

Rafael started his employment in the Health Department as an Affirmative Action Specialist in July of 1981. He was quickly promoted to the Affirmative Action Coordinator job in June 1983, and in 1984 was nominated by the Department for a Managerial Excellence Award. In June of 1992, Rafael was again promoted to his current position of Human Resource Manager for our Community Mental Health, and Community Substance Abuse/Forensics Services.

On behalf of the Department of Public Health, I know the Commission joins me in thanking Rafael for his excellent service to the Department, in commending him on a job well done, and in wishing him luck in his new job at the San Francisco International Airport.

BUDGET UPDATES

Federal Budget

There are a number of initiatives under consideration in Congress which may have a significant impact on Federal programs and Federal funding.

First, the federal budget recissions bill is a measure designed to reduce spending for the current fiscal year. The House passed HR 1158 with cuts totaling $17.4 billion. The Senate version S 617 paralleled the House proposal with $16.4 billion in proposed cuts. While similar in magnitude, the House version focuses on reductions in education, student aid, job training, youth employment, housing and community development. The Senate proposal includes significant reductions in building, facility and construction programs. California is estimated to lose approximately $1.8 billion from a variety of programs.

The second set of federal measures affecting a broad range of public services is well known as the "Contract with America". The Contract includes ten key focal areas for legislative development. Each Contract issue has moved through the House and many are currently pending in Senate Sub-Committees. The House passed its primary Welfare Reform Proposal through HR 1214 the "Personal Responsibility Act." This measure would end numerous federal - state entitlement programs and replace them with block grants that provide overall less funding. According to the Department of Health and Human Services and the US Department of Agriculture, if HR 1214 is implemented in its current form, California would be subject to massive reductions. Although California has 15.5% of the nation's AFDC and SSI caseload, it is estimated that our state would suffer a loss of $18.2 billion, or 26.3%, of the $69.3 billion cut over the next five years.

The third measure currently being developed in Congress is the enactment of the 1996 federal budget. As you are aware, both the House and Senate have passed budget blueprint proposals. Both houses are in the process of designing detailed budget reductions in their respective Sub-Committees. Deliberations will continue into the summer.

Inherent in each of the key budget proposals is the transition to either comprehensive or categorical (consolidated) block grant funding. This transition may include allocation reductions affecting many public health programs. The Department will provide the Health Commission a more detailed review on these matters at the June 20, 1995 hearing.

State Budget
The Governor released the May revise of the State budget. The budget is based on the assumption that California's economy will continue its recovery from the recession, indicating both that revenues will increase and that health and welfare caseloads will decrease. Current analysis of the Governor's budget impact on DPH include:

- Medi-Cal 1995-96 - The May revision continues to include a long-term care rate decrease of $7.4 million, (however, there is no plan how this money will be reduced), proposed savings of $4.4 million due to the elimination of alcohol and drug for SSI eligibility, (this would require federal legislation), the elimination of nine Medi-Cal optional benefits, including adult dental and the elimination of Medi-Cal coverage for prenatal care to undocumented women.

- Prop 99 - The budget is based on the assumption that the State will win its appeal in the Prop 99 lawsuit. If the appeal is lost, the following areas are vulnerable to reductions: the CHIP program, Comprehensive Perinatal Outreach, the Tobacco Free Project, and the CHDP program. Analyses are being prepared on the potential impact on these programs.

- AFDC/Trial Court and Children's Services Realignment - The budget still retains the Governor's proposal for the State to assume 70% of trial court costs with the counties assuming 25% of AFDC costs and a transfer of $710 million of existing state sales tax to Children's Services while Counties would be responsible for 100% of the non-federal share of cost for child welfare, foster-care and adoption.

- Federal Funds Adjustments for Services to Immigrants - The amount of funds the Governor expected to receive from the federal government has been reduced from $835 to $518 million. The difference is made up in greater health and welfare program cuts as noted above.

City and County of San Francisco
On June 1, 1995, the Mayor released his budget for fiscal year 1995-96. The proposed budget includes $2.9 billion in expenditures and highlights plans for making streets safer, the City cleaner and more "business friendly", **our health system more reliable** and City government more efficient.

The Mayor was supportive of the Department of Public Health's budget direction. The Mayor highlighted the Department's proposals for increasing services without additional general fund dollars, leveraging new revenues and implementing Managed Care. Also, the Department's request to continue substance abuse residential care beds against general fund dollars and the request to add a general fund subsidy to open the Mental Health R facility were both granted.

DPH FY 95-96 Budget Press Conference
I will be holding a press conference Thursday morning at 11:00 am in Room 302 on the Department's FY 95-96 budget. I believe it is important to inform the public of the challenges and tough decisions we faced in closing a $37 million deficit. Commissioner Jackson, as President, has agreed to represent the Commission at this conference.

MANAGED CARE

Chief Executive Officer Hired
The Governing Body of the San Francisco Health Authority has named Ms. Shanaz Nikpay, Ph.D., as its Chief Executive Officer. Ms. Nikpay will assume her duties on June 19, 1995. Ms. Nikpay was formerly the Chief Operating Officer of the Alameda Alliance for Health (i.e., the Alameda County Local Initiative). In addition, Ms. Nikpay was the Finance Director for the Alameda Health Care Services Agency. I believe that Ms. Nikpay's experience and expertise will be an asset to San Francisco as it prepares for the implementation of Medi-Cal Managed Care.

I would like to extend my appreciation to Ms. Janie Tyre who has served in the capacity of Director for the Health Authority since September 1993. Ms. Tyre shepherded the Local Initiative through its initial formation as a Governing Body, worked extensively with the Department of Health Services to clarify San Francisco concerns with State's implementation plan and most recently provided invaluable support and knowledge in the development of provider network guidelines. Ms. Tyre will remain with the Health Authority in her new role as Director of Business Development and Planning.

Community Benefits Plan

Last week, the members of the Hospital Council of Northern and Central California and staff from the Department of Public Health met to discuss compliance with Senate Bill 697, hospital community benefits legislation.
SB 697 requires all non-profit hospitals to conduct community needs assessments every three years and to develop community benefits plans on an annual basis. The community benefits plans are submitted to the Office of Statewide Health Planning and Development (OFSHD) for review.

All private and public hospitals have agreed to participate in developing a single city-wide community needs assessment. I would like to acknowledge John Williams, Chair of the San Francisco Section of the Hospital Council and CEO of Saint Francis Memorial Hospital for his foresight and leadership on this issue. For some time, Mr. Williams has advocated a collaborative planning process to meet the community needs assessment requirement of SB 697. I would like to acknowledge and thank Commissioner Gadberry for her support and initiative in implementing a city-wide planning effort in response to SB 697.

As you know, community needs assessments enable us to gauge community concerns, determine unmet service needs and identify potential overlap of the health care delivery system in San Francisco. The hospitals and the Department have a tremendous amount of data on the populations and communities that they serve. All of us would like to build on this foundation by developing a single city-wide community assessment which combines all of our various efforts to provide cost-effective and efficient services to communities and populations in need.

The city-wide community needs assessment will be jointly led by the Hospital Council and the Department. While SB 697 does not apply to county, University of California, children's, or small and rural hospitals, I believe that our participation in the community needs assessment fits within our broad role of ensuring access to services and policy development. The Department will provide in-kind resources to this process by sharing information and assisting in the facilitation of the planning process.

Below is a listing of the hospitals which participated in the SB 697 planning meeting. While the University of California was not in attendance at last week's meeting, Ms. Jacqueline Jew, Assistant Director Program Planning and Marketing at UCSF, will be participating in this collaborative effort.

California College of Podiatric Medicine (Pacific Coast Hospital)	Ms. Deborah J. Black Hospital Administrator
California Pacific Medical Center	Ms. Sara Ying Kelley Director of Public Affairs
Chinese Hospital	Mr. Thomas N. Harlan Chief Executive Officer
Ralph K. Davies Medical Center	Mr. Greg Monardo President Ms. Diane McClaren Administrative Manager for

	Professional & Community Relations
Hospital Council of Northern & Central California	Mr. Nathan Nayman Vice President -- Membership Services
Kaiser Permanente	Ms. Beverly Hayon Director of External Affairs Mr. Jeff Jackson Community & Government Relations
Laguna Honda Hospital	Mr. Anthony G. Wagner Executive Administrator
St. Luke's Hospital	Mr. Jack Fries Chief Executive Officer
St. Mary's Medical Center	Mr. L. Wade Rose Vice President, External Affairs Ms. Caroline Caufield Director of Women's Services
Saint Francis Memorial Hospital	Mr. John G. Williams President and Chief Executive Officer Ms. Cheryl Fama Chief Operating Officer
San Francisco Department of Public Health	Sandra R. Hernández, M.D. Director of Health Mr. Michael V. Johnson Director of Policy and Planning
San Francisco General Hospital	Mr. Richard Cordova Executive Administrator

ADMINISTRATION

101 Grove Emergency Evaluation Drill

On April 28, employees and visitors at 101 Grove Street participated in an emergency evacuation drill. All employees and visitors evacuated the building when the fire alarm sounded. Once evacuated, they went to a predesignated assembly area to check in with their supervisor. Disaster Floor Monitors searched each floor to ensure all building occupants heard the alarm and evacuated.

After all employees were accounted for a list of missing persons was developed. In an actual emergency situation, this list of missing persons would be provided to rescue personnel for use in locating injured people in the building.

It is my desire to make 101 Grove a model in emergency response that other DPH facilities will emulate. We hope to have a 101 Grove Street Emergency Medical Team operational by October. The October evacuation drill will test the new accounting procedures and provide simulated injuries to challenge the Medical Team.

SAN FRANCISCO GENERAL HOSPITAL

Lecture

Jocelyn Elders, M.D. the former U.S. Surgeon General, was invited by the Crede Lectureship Series Committee of UCSF to speak at San Francisco General Hospital on May 25, 1995. Her lecture was entitled "Health Care Needs of Inner City Kids." Over 200 people attended the session.

Diversion Statistics

Critical care diversion for the month of May was for 73.2 hours at 10%. Census and patient acuity continues to be high.

SFGH and Community Organizations

SFGH began holding regular meetings with neighbors in April 1994 to discuss a number of Hospital initiatives. Meetings held over the summer and fall of 1994 focused on residential permit parking and the SFGH garage. Recent meetings focused on the changing health care environment and domestic violence.

The May meeting was framed as an opportunity for neighbors and merchants in the area to get to know one another. Nine organizations participated:

East Mission Improvement Association
Inner Mission Neighbors
Bryant Street Block Club
Potrero League of Active Neighbors
Mission Merchants
Cesar Chavez Block Club
24th Street Revitalization Committee
24th Street Merchants
Potrero Boosters and Merchants

COMMUNITY PUBLIC HEALTH SERVICES

Director, Special Programs for Youth

I am pleased to report that Thabiti Mtambuzi is the new Director of Special Programs for Youth. Mr. Mtambuzi served as Assistant Director in the program for the past several years. In addition to his duties at Special Programs for Youth, Mr. Mtambuzi has been active in the community and serves as chair of the board of an organization dedicated to forensic health care. Mr. Mtambuzi emerged as the top candidate from a selection process that included extensive involvement of the staff of Special Programs for Youth as well as a panel that included DPH representation, the Mayor's Office, Juvenile Hall and community organizations. I congratulate Thabiti and wish him well in his new role.

Medical Director, Homeless Programs

The new Medical Director of Homeless Programs and the Tom Waddell Health Center is Barry Zevin, M.D.. Dr. Zevin has served as a physician at the Tom Waddell Health Center for five years, where he has earned a reputation as an excellent clinician and a trusted provider of health services among the homeless population. Among other accomplishments, Dr. Zevin was a driving force behind the creation of the pioneering Transgender Clinic at the Tom Waddell Health Center. I welcome Barry to his new responsibilities.

Medical Director, North of Market Senior Services

The new Medical Director of North of Market Senior Services is Dick Zercher, M.D.. Dr. Zercher has been a physician at North of Market Senior Services for the past 6 years and is a respected clinician among his peers and among seniors in the central city area. His contributions to the Multidisciplinary Continuum of services at North of Market have made him a leader in geriatric care. Dr. Zercher replaces Dr. David Ofman, who left the position to become Medical Director of the Community Oriented Primary Care network. I welcome Dr. Zercher in his new capacity and look forward to working with him.

EPIDEMIOLOGY/DISEASE CONTROL

Henry A. Renteln Award

Dr. Gisella Schecter, Tuberculosis Controller for the City and County of San Francisco since 1984, was honored by the California Tuberculosis Controllers' Association (CTCA) in Sacramento on May 12th as the recipient of the twelfth annual Henry A. Renteln Award for her outstanding efforts and contributions to local, state, and national tuberculosis control. In addition to devoting many hours to the CTCA both on the executive committee and as president, Dr. Schecter has also served on the TB Elimination Task Force both in California and at the national level. Most recently she has been a mainstay in creating the Francis J. Curry National Tuberculosis Center to train physicians and other health care providers in the care and control of tuberculosis. Please join me in adding our heartiest congratulations to the standing ovation that greeted Dr. Schecter when the award was presented at the CTCA meeting.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Paint Warehouse Fire - 208 Pennsylvania

Environmental Health staff responded to a fire on May 18, 1995 at the request of the San Francisco Fire Department (SFFD) and the San Francisco Office of Emergency Services (OES). During the fire, staff coordinated with the Command Post and worked with the on-scene firefighters, DPW (Clean Water), and business operator. Highway 280, downwind of the smoke plume was closed. The potential for airborne hazardous waste migration caused immediate concern for public health. Multiple field tests were performed on the fire fighting water that accumulated on-site and off-site. Water that did discharge to the sanitary sewer was tested in conjunction with DPW-BERM and subsequently approved for receipt.

Following the fire an independent contractor had fenced the affected area, initiated diking for run-off waters, and had sited Baker tanks to contain run-off waters for testing and ultimate disposal. Later in the week, a decision was made by the property owner, facility operator and their respective insurance companies to replace the initial demolition company and the environmental contractor. A new contractor and environmental firm have assumed responsibility for the site as of this date.

Staff continues to work with all parties involved to ensure protection of the public health, proper identification of any hazardous waste and its proper handling and ultimate removal. Public complaints have been extremely minimal. Staff responded to two inquiries regarding potential health effects. Staff will work with the Bay Area Air Quality District and perform independent air sampling to address an odor complaint. Air sampling has also been conducted by the on-site environmental contractor. At this time, staff is confident public health has been protected throughout the episode and clean-up of the site should not create any public health issues.

The City Attorney's Office and the District Attorney's Office have participated in the investigation and review of this fire at the request of the Department.

California Energy Commission - Intervenor Response
The California Energy Commission released its Preliminary Staff Assessment (PSA) for public comment. Department staff reviewed the voluminous document and attended approximately 180 hours of public workshops and hearings prior to preparing their response. A response to the PSA has been reviewed by the City Attorney's Office and the Port. The document has been forwarded to the California Energy Commission (CEC). The CEC in turn will review and respond as part of their preparation of a Final Staff Assessment (FSA), which is scheduled for release at the end of June or early July.

There remain unanswered concerns regarding air pollution (PM10's) and the Public Health Assessment portion of the PSA. Staff will continue to attend applicable workshops/hearings and prepare for receipt of the Final Staff Assessment from the CEC.

Commissioner Gadberry requested that the Commission be informed of the meeting dates of the city-wide community needs assessment groups, which is addressing SB697

5) UPDATE AND STATUS ON DIVISION OF COMMUNITY PUBLIC HEALTH

Dr. Bob Prentice, Deputy Director of Community Public Health, gave an overview of the Division (Attachment A) and introduced key staff in the Division (Attachment_B).

Dr. Prentice had his staff present the following areas:

Bureau of Epidemiology, Disease Control and AIDS - Dr. Mitch Katz

TB Control
STD Prevention and Control Program
Communicable Disease/Non-infectious Disease Epidemiology

Bureau of Epidemiology, Disease Control and AIDS - Dr. Mitch Katz (con't)

Public Health Laboratory
Records and Statistics
AIDS Office

Bureau of Children, Youth and Families - Mildred Crear, RN

Child Health and Disability Prevention
California Children's Services
HIV Children's Program
Family Planning
Perinatal Services
Women, Infants and Children Supplemental Food Progam

Bureau of Health Promotion and Education - Garth Collins, MPH

Tobacco Free Project
Wedge Program
Community Home Injury Prevention Project for Seniors
Violent Injury Prevention Project
Traffic Injury Prevention Program

Community Oriented Primary Care - Dr. David Ofman, Dr. Michael Drennan

Health Center #1
Maxine Hall Health Center
Health Center #3
Health Center #4
Health Center #5
Southeast Health Center
Potrero Hill Health Center
Tom Waddell Clinic
North of Market Senior Services
Special Programs for Youth

Each of the presenters raised key policy issues that will be brought to the Health Commission for consideration at future meetings. Dr. Prentice would like the Division presentation be an annual agenda item, with the next one in the community.

The Commission expressed appreciation to the Division staff for their excellent document and their present efforts to provide Public Health Services in a managed care environment.

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION TO REPEAL THE ADMINISTRATIVE CODE FOR SITE APPROVAL FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

Dr. Hernández reported that the Department believes that Section 15.7 of the Administrative Code adversely affects individuals with disabilities (i.e. mental health and substance abuse clients) and recommends its repeal. The Department feels the exisiting site approval requirements through the Planning Commission and program monitoring through the Health Commission provide sufficient oversight.

Public Speakers: All supported the proposed resolution.
Ben
Burt
Fancher Bennet- Lawson
Wilma Cupps, African American Focus Groups
Roy Crew, Consumer
Jerry Veverka, SF Alliance for the Mentall Ill
Mary Sue Planck, Mental Health Board
Daniel Hernandez, Mission Housing

Commissioner Gadberry proposed an amendment that "the Health Commission directs the Director of Public Health to enforce the policy and practice to be a good neighbor, to provide information to neighborhoods in which programs are to be located about the services being offered, and to make every effort to accommodate neighborhood concerns and work with the community before and after location of programs within the limitations of budget as long as the integrity of programs and the rights of clients are not violated."

President Jackson strongly support the proposed amended resolution and had to leave for a business appointment.

Commission Kaufman voiced her strong support to do the right thing in supporting the amended resolution.

Action Taken: The Commission adpoted Resolution #16-95, "Recommending repeal of Section 15.7 of the Administrative Code (Site Approval Ordinance for Mental Health and Substance Abuse Programs) and declaring it to be Department Policy to inform neighborhoods of services being offered and to accommodate neighborhood concerns to the extent possible," (Attachment C).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

UPDATE ON THE STATUS OF

COMMUNITY PUBLIC HEALTH SERVICES

June 6, 1995

The Division of Community Public Health Services (CPHS) is pleased to present the first of what we hope will become annual updates to the Health Commission. This presentation is an opportunity to review for the Health Commission the mission, description, accomplishments and key policy issues of CPHS and its various subdivisions.

COMMUNITY PUBLIC HEALTH SERVICES: AN OVERVIEW

Mission

It is the mission of CPHS to prevent disease, promote health and prolong life within the community of San Francisco.

Description

CPHS encompasses the core public health functions of epidemiology, disease control, health promotion and prevention and early intervention programs targeting children and their families, as well as comprehensive primary care services provided through a geographically dispersed network of ten community-based health centers.

CPHS is organized into four bureaus or subdivisions: the Bureau of Epidemiology, Disease Control and AIDS; the Bureau of Children, Youth and Families; the Bureau of Health Promotion; and, Community Oriented Primary Care (see CPHS organization chart). In addition, an administrative support unit provides assistance to program managers in matters related to personnel, finance, budget, MIS, contracts and facilities management.

The CPHS budget (see graph) of approximately $111 million is supported by a combination of general fund ($30 million, or 27%), revenues ($15 million, or 14%) and grants ($66 million, or 59%). Services within CPHS are provided by a Civil Service workforce of 827 FTEs and 160 contracts with community agencies.

As the accompanying graphs suggest, the CPHS budget, like the Department as a whole, has reduced its reliance on the general fund over the past five years by increasing revenues and grants. Not surprisingly, the core public health functions rely primarily on a combination of general fund and grants, although children's services generate some revenues through fee-for-service Medi-Cal and Medi-Cal Administrative Claims (MAC). The health centers, on the other hand, are supported for the most part by a combination of general fund and revenues, with the latter comprised of MAC and Federally Qualified Health Center (FQHC) reimbursements.

(ATTACHMENT A)

Accomplishments

The AIDS Office, which initially grew out of Disease Control, was reintegrated into a newly consolidated Bureau of Epidemiology, Disease Control and AIDS, which not only generated savings through management efficiencies but also promoted a closer programmatic integration of disease control activities related to HIV, TB and STDs (sexually transmitted diseases); moreover, the consolidation better prepared the Department for the prospects of the conversion of categorical funding for HIV, TB and STDs from the Centers for Disease Control (CDC) into single block grants.

Programs for the funding and direct provision of services to Children, Youth and Families were brought back into CPHS after a period of existence as a separate organizational entity. The initial rationale for combining the former Family Health Bureau from CPHS with Children's Services from Community Mental Health Services into a new Division of Children's Services was to parallel the organizational structure of the Mayor's Office of Children, Youth and Their Families and to maximize potential for funding through Proposition J; however, while the new organizational structure was consistent with some elements of budgeting, the programs and services were isolated and they had no formal connection to programs and services (such as health centers) that were not part of the Proposition J funding base but which are integral to the provision of services to children and their families. The return of the former Family Health Bureau to CPHS, now called the Bureau of Children, Youth and Families to more accurately reflect the focus of its programs, restores the organizational capacity to better coordinate all services for children.

The Bureau of Health Promotion was recently reorganized to create an ability to engage in centralized, citywide health promotion activities while, at the same time, establishing greater equity in the decentralized health education component based in the health centers.

Primary care services were organized under the broad principle of Community Oriented Primary Care, and a network of ten health centers from very different traditions developed a common purpose and began the development of a consistent model of care.

Administrative support services, previously dispersed throughout the division based largely on which programs had the money, were reorganized to create a centralized unit to support program managers throughout the division while maintaining sufficient staff at the program level to tailor that support to specific program needs and to meet the requirments of categorical funding.

Policy Issues

The driving force for change within the Department of Public Health both in the short- and long-run will be health care reform, particularly the conversion of the Medi-Cal Program from a fee-for-service to a managed care system. CPHS, which embodies both the core public health functions that are at the heart of any local health department and a network of primary care clinics that will play a central role in the new direct health care delivery system, will be profoundly affected by the reorganization required to adjust to the new health care policy environment.

In a strategic outline for the reorganization of the department previously presented to the Health Commission, the Department would restructure its existing divisions and corporate activities in order to, on the one hand, consolidate its "regulatory" (policy, planning and public health) and "brokerage" (contracting) functions into a new organizational structure and, on the other hand, reorganize the now separately administered direct service delivery components into an integrated delivery system. Since CPHS contains elements of both, the reorganization of the Department will force the division to more clearly define its public health role, its direct provider role and the relationship between the two.

Public Health and Managed Care. Among the most intriguing policy questions raised by the reorganization of the Department and by health care reform more generally are those related to the relationship between public health and managed care.

An influential report, *The Future of Public Health*, published by the Institute of Medicine in 1988, grouped the core functions of a local health department into **assessment, policy development** and **assurance**. In general terms, **assessment** refers to our health planning and epidemiological capabilities; **policy development** refers to the unique role the Department plays in developing health policy related to the overall health and well-being of the entire community, as opposed to the more limited focus of individual providers or health plans; and, **assurance** refers to our capacity to translate our assessment and policy development into action, ranging from the enforcement of environmental health regulations and disease control activities to our ability to act as broker for services that address gaps in the relationship between health needs and available resources. In combination, these core public health functions roughly correspond to the those identified in the strategic outline for the reorganization of the Department as "regulatory" and "brokerage" functions.

In anticipation of Department reorganization, a planning group was formed within CPHS to consider the best ways to structure these core public health functions in relationship to the evolving integrated delivery system. In particular, our concern was that we not lose the important legacy of public health, which represents a great strength not only in our role as a local health department but as a provider of direct services as well. The potential to incorporate a prevention-oriented, population-based perspective into a delivery system that normally is concerned exclusively with the treatment of individuals represents a unique opportunity to build a bridge between what are too often separate worlds.

The Public Health Planning Group identified two broad areas where there is potential for integration of public health and direct service delivery under managed care. First, the broad **oversight responsibilities of public health** are best carried out when there is a comprehensive, citywide data base to track communicable diseases and to develop a profile of the health status of the community as a whole; in addition, communication with providers, including mutual reporting, is an essential component in containing the spread of disease and improving the health of the community. The incorporation of public health indicators and reporting requirements into managed care plan quality assurance protocols, for example, would significantly improve the capacity to carry out public health oversight responsibilities with respect to populations enrolled in managed care plans. A CPHS Management Information Systems (MIS) Committee was established specifically to define ways in which these data and reporting capabilities could be built into the new management information system that will be installed over the next couple of years within the Department. Second, the **service component of public health**, including health promotion, public health nursing and prevention services targeting children and families (Family Planning; Perinatal Services; Child, Health and Disability Prevention; California Children's Services; and, Women, Infant and Children nutrition services) must be integrated into the scope of services provided under managed care. Although it is one of the strengths of the health centers administered under CPHS that they reflect the integration of primary care and public health services, that model of integration must be extended more uniformly throughout the health centers and at the hospital-based primary care clinics.

Although the Public Health Planning Group initially focused on the relationship between core public health services and the direct service delivery system within the Department, the publication of the State's Request for Applications for the Medi-Cal Managed Care Program in twelve counties afforded an opportunity to extend the discussion to managed care plans more generally. The Medi-Cal Managed Care Program requires managed care plans in each of the participating counties to enter into memoranda of understanding with their local health departments to define who is responsible for certain specified public health services (family planning, STDs, confidential HIV testing, immunizations, CCS, MCH, CHDP and TB directly observed therapy). This was an opportunity not only to address the areas required by the Medi-Cal Managed Care Program, but to use the negotiations with the managed care plans to more ambitiously define the relationship between local health departments and managed care plans consistent with the approach adopted by the Public Health Planning Group. In preliminary discussions with both the commercial plans and the San Francisco Health Authority (the local initiative), there was a very receptive response to take a more comprehensive approach to the memoranda of understanding.

Finally, it became apparent that the issues being deliberated within the Public Health Planning Group were not unique to San Francisco and that we were grappling in isolation with concerns that were probably shared throughout other counties, particularly the other eleven counties that are part of the Medi-Cal Managed Care Program. Accordingly, the Department presented a proposal to the Association of Bay Area Health Officials (ABAHO) that we begin a regional discussion of how we can define the relationship between public health and managed care. After an enthusiastic response, there is now an ABAHO Public Health and Managed Care planning group that has begun meeting monthly to develop a regional model that we hope can influence the way the State defines its own relationship between public health and Medi-Cal.

Public Health and Competition

A related policy issue provoked by managed care is the definition of the boundary between what we do as a Department that must remain committed to the mission of promoting the health and well-being of the people of San Francisco and what we must do in a competitive environment to survive as a direct provider of services. The issue is felt particularly keenly within CPHS because our population-based public health services are so closely allied with our direct delivery system. Accordingly, it is essential that we clearly delineate our public health responsibility that must rise above competitive interests. For example, the Women Infant and Children (WIC) Supplemental Food Program is intended to increase birth weights and promote the development of healthy babies among low-income populations. The availability of WIC services administered through CPHS must be determined by population need, not by whether a service provider is affiliated with a particular managed care plan. Similarly, our disease control, health promotion and family health services must maintain a population-based focus and not be subject to the logic of competition.

Public health nursing is an area where the boundaries are perhaps most blurred. Public health nursing was born of the public health tradition, motivated by a population-based approach to controlling communicable diseases, assisting pregnant women in giving birth to healthy babies, improving the life chances of newborns and minimizing the negative personal and social consequences associated with disability and age; however, care in the home and in the community, albeit of a different kind, is also the focus of home care agencies, which have become increasingly competitive as managed care encompasses more of the insured population. The boundaries between public health and personal health services are not always clear: If public health nurses continue in the tradition of a population-based approach to public health and provide services regardless of a person's insurance status, it means that some managed care plan and provider are, in effect, being subsidized for a service they are being paid to provide; if, on the other hand, we take a hard line and say that public health nurses will only provide services to people who are enrolled in a managed care plan that includes the Department as a provider, we will relinquish some of our capacity to affect the health outcomes of high-risk populations.

Primary Care Integration. While CPHS encompasses the core public health functions, it also includes an important component in the direct delivery system. In FY 1994-95, the Department took the first step in the evolution toward an integrated delivery system by integrating primary care services provided in CPHS health centers with the primary care clinics at San Francisco General Hospital (SFGH). Consolidations resulting in the elimination of separate and parallel structures took place in the areas of nursing, social work, nutrition, eligibility and billing, facilities maintenance and security; in addition, a revision of SFGH medical staff by-laws creating a new Community Primary Care Service, which includes all health center medical providers and a medical director who will become Chief of the new service, will be considered and in all likelihood approved at the medical staff meeting later this month.

The complete integration of primary care, however, will not occur until at least two significant issues are resolved. First, primary care clinics at SFGH, unlike the health centers administered through CPHS, are not part of a single organizational entity, but rather part of separate academic departments (Family Medicine, Internal Medicine, Pediatrics and Obstetrics/Gynecology). The extent to which primary care becomes truly integrated will depend ultimately on how the conflict gets resolved between managed care, which emphasizes the organizational boundary around primary care as the passage way to diagnostic, specialty and inpatient services, and the academic organizational model, which emphasizes primary care as one component in a larger medical specialty. Second, the capacity to complete the administrative integration of primary care will be affected by the pace and form of the evolution toward an integrated delivery system, so that primary care will neither be part of CPHS nor SFGH as they are currently constituted but rather part of a new organizational structure. In the interim, we have developed what we are calling a "transitional organization chart" that emphasizes collaboration and joint planning in the administration and medical supervision of primary care services until those issues do get resolved.

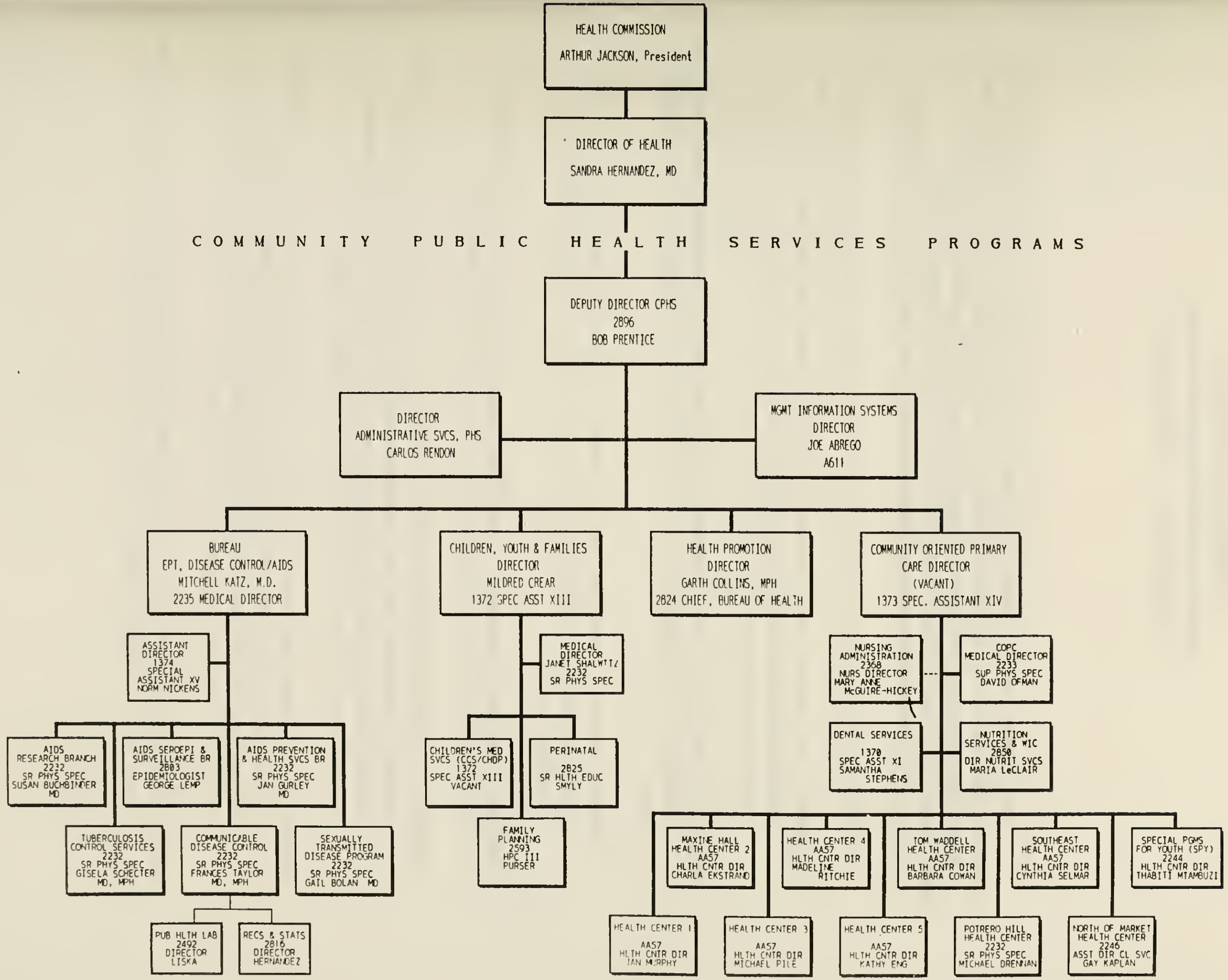
Integration of Community-Based Services. There have also been preliminary discussions about the potential for integrating community-based services, including primary care, mental health and substance abuse. A central policy issue is the extent to which those services can be provided in a single, comprehensive, multi-disciplinary model and the extent to which they should be provided within a separate continuum of care organized around a particular clinical condition.

On the one hand, there are existing models of multi-disciplinary approaches within the health centers. For example, Health Center #1 has a Multi-Diagnosis Program for people with HIV that supplements medical care with mental health and social work services; Homeless Programs incorporates mental health, substance abuse, social work and outreach services into its multi-disciplinary model of care for homeless people; and, Special Programs for Youth has developed a medical, mental health, social work and prevention model for adolescents who are homeless and/or in custody. In addition, through a "sister clinic" pilot, primary care and mental health providers serving the same community will see patients and clients at one another's facility as well as provide professional consultations. Similarly, we will explore ways in which substance abuse services and primary care can be better coordinated through the Target Cities project.

On the other hand, it is likely that there will always be a need for a separate continuum of care for people attempting to live with a chronic mental disability or to recover from an addiction. While there will clearly be a need for improved coordination between those systems of care, as the emphasis on serving people with dual or multiple diagnoses suggests, they will not necessarily result in the complete integration into a single system of care.

The potential for the integration of community-based services is unlikely to be realized in the short-run, if for no other reason than that managed care in mental health is being introduced in a separate, parallel fashion to managed care more generally in the Medi-Cal Program; moreover, the organizational forms are different, with county mental health systems responsible for the brokerage function as well as the role they play as direct providers of mental health services, in contrast to the Medi-Cal Managed Care Program, which has created local initiatives comprised of public and private sector representatives to preside over the brokerage function, which will define the role of county health departments as direct providers of Medi-Cal services under managed care. Since it would require holography to develop the organization chart that would capture the current state of managed care planning in mental health and in the Department more generally, it is likely that there will have to be a period of sorting out before the potential for programmatic integration of primary care, mental health and substance abuse can be realized under new fiscal and organizational forms.

COMMUNITY PUBLIC HEALTH SERVICES PROGRAMS


HEALTH COMMISSION ARTHUR JACKSON, President
DIRECTOR OF HEALTH SANDRA HERNANDEZ, MD
DEPUTY DIRECTOR CPHS 2896 BOB PRENTICE
DIRECTOR ADMINISTRATIVE SVCS, PHS CARLOS RENDON
MGMT INFORMATION SYSTEMS DIRECTOR JOE ABREGO A611
BUREAU EPI, DISEASE CONTROL/AIDS MITCHELL KATZ, M.D. 2235 MEDICAL DIRECTOR
CHILDREN, YOUTH & FAMILIES DIRECTOR MILDRED CREAR 1372 SPEC ASST XIII
HEALTH PROMOTION DIRECTOR GARTH COLLINS, MPH 2824 CHIEF, BUREAU OF HEALTH
COMMUNITY ORIENTED PRIMARY CARE DIRECTOR (VACANT) 1373 SPEC. ASSISTANT XIV
ASSISTANT DIRECTOR 1374 SPECIAL ASSISTANT XV NORM NICKENS
AIDS RESEARCH BRANCH 2232 SR PHYS SPEC SUSAN BUCHBINDER MD
AIDS SEROEPI & SURVEILLANCE BR 2803 EPIDEMIOLOGIST GEORGE LEMP
AIDS PREVENTION & HEALTH SVCS BR 2232 SR PHYS SPEC JAN GURLEY MD
TUBERCULOSIS CONTROL SERVICES 2232 SR PHYS SPEC GISELA SCHECTER MD, MPH
COMMUNICABLE DISEASE CONTROL 2232 SR PHYS SPEC FRANCES TAYLOR MD, MPH
SEXUALLY TRANSMITTED DISEASE PROGRAM 2232 SR PHYS SPEC GAIL BOLAN MD
PUB HLTH LAB 2492 DIRECTOR LISKA
RECS & STATS 2816 DIRECTOR HERNANDEZ
MEDICAL DIRECTOR JANET SHALWITZ 2232 SR PHYS SPEC
CHILDREN'S MED SVCS (CCS/CHDP) 1372 SPEC ASST XIII VACANT
PERINATAL 2825 SR HLTH EDUC SMYLY
FAMILY PLANNING 2593 HPC III PURSER
NURSING ADMINISTRATION 2368 NURS DIRECTOR MARY ANNE McGUIRE-HICKEY
COPC MEDICAL DIRECTOR 2233 SUP PHYS SPEC DAVID OFMAN
DENTAL SERVICES 1370 SPEC ASST XI SAMANTHA STEPHENS
NUTRITION SERVICES & WIC 2850 DIR NUTRIT SVCS MARIA LeCLAIR
MAXINE HALL HEALTH CENTER 2 AA57 HLTH CNTR DIR CHARLA EKSTRAND
HEALTH CENTER 4 AA57 HLTH CNTR DIR MADELINE RITCHIE
TOM WADDELL HEALTH CENTER AA57 HLTH CNTR DIR BARBARA COWAN
SOUTHEAST HEALTH CENTER AA57 HLTH CNTR DIR CYNTHIA SELMAR
SPECIAL PGMS FOR YOUTH (SPY) 2244 HLTH CNTR DIR THABITI MTAMBUZI
HEALTH CENTER 1 AA57 HLTH CNTR DIR JAN MURPHY
HEALTH CENTER 3 AA57 HLTH CNTR DIR MICHAEL PILE
HEALTH CENTER 5 AA57 HLTH CNTR DIR KATHY ENG
POTRERO HILL HEALTH CENTER 2232 SR PHYS SPEC MICHAEL DRENNAN
NORTH OF MARKET HEALTH CENTER 2246 ASST DIR CL SVC GAY KAPLAN

(ATTACHMENT B)

(CPHSHC1: 5/18/95)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-95

RECOMMENDING REPEAL OF SECTION 15.7 OF THE ADMINISTRATIVE CODE (SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS) AND DECLARING IT TO BE DEPARTMENT POLICY TO INFORM NEIGHBORHOODS OF SERVICES BEING OFFERED AND TO ACCOMMODATE NEIGHBORHOOD CONCERNS TO THE EXTENT POSSIBLE.

WHEREAS, the Americans with Disabilities Act of 1990 requires that State and local governments make reasonable modifications in policies, practices and procedures that deny equal access to individuals with disabilities; and,

WHEREAS, Section 15.7 of the San Francisco Administrative Code singles out mental health and substance abuse programs for special consideration and citing requirements and processes; and,

WHEREAS, the Health Commission believes Section 15.7 of the San Francisco Administrative Code is inconsistent with the spirit of State and Federal law regarding people with disabilities; and,

WHEREAS, the Health Commission believes that a disabling condition should not adversely affect a person's access to housing or supportive living environments; and,

WHEREAS, the Health Commission believes that existing site approval requirements through the Planning Commission and program monitoring through the Health Commission are sufficient to determine the appropriateness of health programs without the additional requirements of Section 15.7 of the San Francisco Administrative Code; and,

WHEREAS, the Health Commission also believes that it is important for all programs supported by the Department of Public Health to act as good neighbors in their respective communities and will consider the relationship between a program and its community in the review of program performance; now therefore be it

RESOLVED, that the Health Commission recommends to the Board of Supervisors the repeal of Section 15.7 of the San Francisco Administrative Code; and be it

(ATTACHMENT C)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 16-95 (Cont'd)

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to enforce the policy and practice to be a good neighbor, to provide information to neighborhoods in which programs are to be located about the services being offered, and to make every effort to accommodate neighborhood concerns and work with the community before and after location of programs within the limitations of budget as long as the integrity of programs and the rights of clients are not violated.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 6, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
The Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

/95

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

June 20, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 6, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

(3.2) SFGH - Recalendaring of resolution to approve a Proposition J Contract for the provision of contracting out the laundry processing services at San Francisco General Hospital (SFGH) for the period of July 1, 1995 through June 30, 1996.

(3.3) CPHS - HEALTH CENTERS - Second modification to the contract with International Institute, in the amount of $18,672, to provide for additional preventive health services for newly arrived refugees, for the period of July 1, 1995 through September 30, 1995. The total amount of the contract, including this modification is $367,758. (DPH contracted with International Institute for services totaling $387,090 in FY 1994-95).

(3.4) CHS - AIDS - Renewal contract with Bayview-Hunter's Point Foundation, in the amount of $50,000 for HIV counseling, testing and referral services, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with Bayview-Hunter's Point Foundation for services totaling $6,731,733 in FY 1994-95).

(3.5) CHS - AIDS - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $85,000, for the provision of HIV counseling and testing services, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $8,930,422 in FY 1994-95).

(3.6) CHS - AIDS - Request for approval of the FY 1995-96 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Formula, Supplemental and Title II services with a combined total of $34,970,459 for the period of May 1, 1995 through March 31, 1996.

(3.7) CHS - AIDS and CSAS - Request for: 1) sole source and contract with Walden House in the amount of $508,767 for the provision of multidiagnosed residential treatment services to people with HIV for the period of July 1, 1995 through March 31, 1996, and 2) sole source and contract with Walden House in the amount of $170,000 for the provision of multidiagnosed residential treatment services for the period of July 1, 1995 through December 31, 1995. (DPH contracted with Walden House for services totaling $6,305,942 in FY 1994-95).

(3.8) DMS - CSAS - Renewal of a hold harmless agreement with the State of California, Department of Rehabilitation in the amount of $44,235 to provide vocational rehabilitation services to persons in recovery from substance abuse for the period of July 1, 1995 through June 30, 1996.

(3.9) DMS - CMHS - First modification to the contract with Psychiatric Services Corporation in the amount of $47,000 to provide adolescent day treatment services for the period of July 1, 1994 through June 30, 1995. The total amount of the contract, including this modification is $463,880. (DPH contracted with MSC Psychiatric Services Corp. for services totaling $416,880 in FY 1994-95).

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) PRESENTATION OF THE SAN FRANCISCO HIV PREVENTION PLAN

6) PRESENTATION OF FEDERAL BUDGET CUTS AND THEIR IMPACT ON SAN FRANCISCO;

CONSIDERATION OF RESOLUTIONS ON ISSUES OF CONCERN RELATED TO BLOCK GRANTS AND MEDICARE/MEDICAID

7) CONSIDERATION OF A RESOLUTION ON RELOCATING THE DIVISION OF MENTAL HEALTH'S ADOLESCENT INTENSIVE RESIDENTIAL SERVICES (AIRS) PROGRAM INTO THE MENTAL HEALTH REHABILITATION FACILITY'S ADOLESCENT PROGRAM

8) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 20, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:
Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Michael D. Shriver

Absent:
Commissioner Edward A. Chow. M.D.
Commissioner Margel F. Kaufman

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 6, 1995

Action Taken: The Commission unanimously adopted the minutes of June 6, 1995.

President Jackson announced the following:

Commissioner Monfredini has been appointed to serve on the Joint Conference Committee for Laguna Honda Hospital and as the Liaison Commissioner for Primary Care.

President Jackson will serve on the In Home Support Services (IHSS) Public Authority, representing the Health Commission.

Special presentations from the Commission were given to:

Mary Wong, R.N. - 37 years of service to Department of Public Health.
Rafael Centeno - 14 years of service to Department of Public Health.

The Commission congratulated Laguna Honda Hospital's Virginia Leishman and her Nursing staff for receiving the Best Practices Award for "Beyond Language: The Celebration of Diversity in Long Term Care" from the California State Department of Health Services.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

Gloria Sandoval, Executive Director of Shanti, gave an update on enhancement of services and reported that the organization is moving towards arbitration on the debt repayment to the City.

(3.2) **SFGH** - Recalendaring of resolution to approve a Proposition J Contract for the provision of contracting out the laundry processing services at San Francisco General Hospital (SFGH) for the period of July 1, 1995 through June 30, 1996.

(3.3) **CPHS - HEALTH CENTERS** - Second modification to the contract with International Institute, in the amount of $18,672, to provide for additional preventive health services for newly arrived refugees, for the period of July 1, 1995 through September 30, 1995. The total amount of the contract, including this modification is $367,758. (DPH contracted with International Institute for services totaling $387,090 in FY 1994-95).

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The Board of Directors is looking at diversifying its membership.

(3.5) **CHS - AIDS** - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $85,000, for the provision of HIV counseling and testing services, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $8,930,422 in FY 1994-95).

(3.6) **CHS - AIDS** - Request for approval of the FY 1995-96 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Formula, Supplemental and Title II services with a combined total of $34,970,459 for the period of May 1, 1995 through March 31, 1996.

Commissioner Shriver requested to calendar at the next Budget Committee meeting the monitoring report of Civil Service AIDS programs.

(3.7) **CHS - AIDS and CSAS** - Request for: 1) sole source and contract with Walden House in the amount of $508,767 for the provision of multidiagnosed residential treatment services to people with HIV for the period of July 1, 1995 through March 31, 1996, and 2) sole source and contract with Walden House in the amount of $170,000 for the provision of multidiagnosed residential treatment services for the period of July 1, 1995 through December 31, 1995. (DPH contracted with Walden House for services totaling $6,305,942 in FY 1994-95).

Public Speaker: David Gabler, Local 790

(3.8) DMS - CSAS - Renewal of a hold harmless agreement with the State of California, Department of Rehabilitation in the amount of $44,235 to provide vocational rehabilitation services to persons in recovery from substance abuse for the period of July 1, 1995 through June 30, 1996.

This item was tabled.

(3.9) DMS - CMHS - First modification to the contract with Psychiatric Services Corporation in the amount of $47,000 to provide adolescent day treatment services for the period of July 1, 1994 through June 30, 1995. The total amount of the contract, including this modification is $463,880. (DPH contracted with MSC Psychiatric Services Corp. for services totaling $416,880 in FY 1994-95).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for item #3.8.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET UPDATES

There have been a number of new developments which affect the Department since we submitted our final FY95-96 budget to the Mayor's Office.

PRIDE Assessment Fee

The PRIDE assessment fee, proposed by the Recreation and Park Department, was included in the Mayor's budget to the Board of Supervisors as one initiative to help close the City's projected budget gap. This assessment would have brought $9 million in additional money to the City. While it is our understanding the Mayor remains supportive of the new fees, he has withdrawn PRIDE from the budget pending electorate consideration in the form of a ballot initiative in November. In its place, the Mayor has proposed to the Board of Supervisors the following options to close the gap: deferring until FY 1996-97 the City's contribution to SEIU retirement for a savings in FY 1995-96 of $3 million; deferring $2 million in capital for SFGH until January 1996; and increasing citywide salary savings by $4 million.

Under this proposal DPH would be given an additional $955,155 salary savings allocation. The Department already budgeted a very ambitious salary savings in all divisions: $23.9 million or about 9.8% of the total $244.5 million salary budget.

After lengthy analysis, the Department has concluded that it is impossible to reduce our general fund salary accounts by $955,155 at this time without impacting services. If service reductions become necessary the Department will continue to be guided by the following budget principles: 1) to maximize revenues, 2) to maintain existing residential treatment capacity and 3) implement managed care in both mental and physical health.

Board of Supervisors /Budget Committee Budget Analyst Recommendations

The Budget Analyst's Office is currently reviewing the Department's budget and has made preliminary line-item reductions in salaries, materials and supplies and MIS equipment. At this time the Budget Analyst is recommending approximately $700,000 in additional reductions to the Department of Public Health. The Department is still working with the Budget Analyst to reach agreement on the final recommendations which have yet to be completed. We are scheduled to testify before the Budget Committee on the Department's budget, Thursday afternoon, June 22nd. We will be working closely with Supervisor Hsieh and the Budget Committee of the Board to complete the budget process, hopefully avoiding any service reductions.

Federal Update

Last week, President Clinton released a blueprint for a balanced budget by the year 2005. Included in the proposal are projected cuts of $124 billion in MediCare and $55 billion in Medicaid. Later in the Commission meeting we will present more detail of the Federal proposals under consideration. Details of the President's plan are still unknown. I will continue to keep the Commission informed as this information becomes available.

MANAGED CARE

San Francisco Health Authority Provider Network.

Earlier this month, the San Francisco Health Authority approved its proposed provider network for Medi-Cal Managed Care.

The Health Authority approved inclusion of the Community Health Network of San Francisco (CHN) in its provider network. The CHN's application received high marks from the Health Authority's review panel. In fact, CHN received the highest score in 3 out of 4 hospital categories. For the purposes of the Local Initiative, the CHN includes SFGH, the Clinical Practice Group, the community-oriented primary care health centers and St. Mary Phillipa Clinic at St. Mary's Hospital. I would like to extend my appreciation to all of the staff who worked on this project and a special recognition to Jane Guyette, Director of Business Development for the Community Health Network who spearheaded this effort and delivered a first rate application.

One of the Health Authority's guiding principles is to improve beneficiary access to providers. To that end, the proposed network includes five hospitals: two South of Market, two North of Market and one in the western portion of the City. In addition, the network includes five physician groups and several community clinics which are geographically disbursed throughout the City. As of yet, the proposed network does not include the community-based clinics under the San Francisco Community Clinic Consortium. The Consortium is currently working with various hospitals and the Health Authority to ensure its inclusion in the network.

While the network attempts to ensure beneficiary access and minimize beneficiary disruption from existing providers, it may weaken the Health Authority's ability to fulfill another guiding principle: preservation of disproportionate share funding. Inpatient utilization has decreased steadily over the last few years due to the introduction of managed care systems and improvements in outpatient surgical procedures. This reduction has the perverse effect of jeopardizing current federal funding for disproportionate share dollars which is currently based on inpatient utilization.

The next step for the Health Authority is negotiating contracts with the providers. The contracts will spell out the services to be provided and the monthly capitated payment. The Health Authority still hopes to begin enrolling members by the fall of this year.

SAN FRANCISCO GENERAL HOSPITAL

Workers' Compensation

The Occupational Health Services clinics at San Francisco General Hospital and UCSF/Mt. Zion Medical Center started operation on April 24, 1995. At the SFGH clinic, 277 new patient visits and 388 follow up visits were recorded through June 5, 1995. During the same period, the UCSF/Mt. Zion clinic had 263 new patient visits and 246 follow-up visits. The Mt. Zion Emergency Department, which provides after-hours workers' compensation care for most CCSF employees, had 147 visits, 33 of which were classified as critical. The trend appears to go upward. In the 10 working days prior to June 5, the SFGH OHS clinic averaged 30 patient visits per day.

Both the Division of Workers' Compensation and the City's third party workers' compensation administrator, ACMI/Noetics, have been pleased with OHS. Case management services, improved communication, responsiveness and attitude have been specifically mentioned. Patient feedback has also been very good at both the UCSF/Mt. Zion and SFGH sites. Of particular interest is that employees from Departments which initially expressed concern about SFGH's ability to do the job have been pleased with the services provided. The SFGH clinic is seeing increasing numbers of police and firefighters. Statistics are attached at the end of Director's Report.

The staff at both sides deserve acknowledgment for their hard work in creating high quality, efficient and customer friendly clinics.

NAPH Conference

On June 6, 1995, the National Association of Public Hospitals (NAPH) had a press conference in Washington, D.C. to inform the media of the devastating impact the changes to the Medicaid and Medicare programs will have on America's essential providers. The press conference was attended by the National Association of Public Hospitals, the National Association of Community Health Centers, the National Association of Children's Hospitals, and the National Association of Rural Health Clinics.

Rich Cordova represented the National Association of Public Hospitals and presented a report entitled "America's Essential Providers- The Foundation of our Nation's Health System." This report is available to each of the Commissioners and includes impact statements resulting from the Medicaid and Medicare changes.

Diversion Statistics

June 5 through June 11, 1995, Critical Care diversion was at 7.9% (13.20 hours). Average critical care census at time of diversion was 20.5 patients.

Closure of Unit 4A

The date of closure of Unit 4A as an acute surgical inpatient unit is scheduled for June 30, 1995. Renovation of the 4A Unit as an acute Skilled Nursing Facility will begin during the month of July. Construction/renovation will take approximately 90 days during which time the unit will be unoccupied. Services which currently utilize 4A as the primary location for their patients have been reassigned to the remaining medical-surgical units. The hospital will continue to maintain 184 acute beds with the ability to flex up if needed.

Filipino - American Day at SFGH

On Wednesday, June 14, 1995, the Filipino-American employees at SFGH celebrated the annual Filipino-American Day with a festive Filipino cuisine luncheon courtesy of the SFGH cafeteria. As employees were feasting on their delicious Filipino delicacies, they were entertained with Filipino native music and dances. San Francisco's Public Defender Jeff Brown and Daly City Councilman Michael Gingona gave a pep talk. The event was coordinated by SFGH Filipino-American Employees Committee, Anita Enriquez and Eugene Perez.

LAGUNA HONDA HOSPITAL

Community Advisory Group (CAG) Group Meeting

On Monday, June 12th, Anthony Wagner convened a meeting of the facilities master planning Community Advisory Group. Twenty-one members attended including Commissioner Chow and myself. The purpose of the meeting was to brief the CAG on the vision, mission and strategic plan of LHH as a framework for proceeding with its future facility plans. I presented an overview of the changing health care environment. Financial consultants presented the capital cost financing options for the proposed $482,000,000 replacement facility and projections on the operating budget. Mr. Wagner also presented a summary of the trends in the long-term care delivery system, financial issues and the San Francisco healthcare market place that gave cause to refocusing the original plan. It has become clear that additional planning is required to consider many of the new factors that were not present when the original model was developed in 1989. The advisory group expressed support to continue planning to create a programmatically and financially viable model. Mr. Wagner and his staff will now develop a structure and process to continue their planning efforts.

Best Practices Award

I am pleased to report that on June 14, the State of California Department of Health Services bestowed the Best Practices Award to LHH. The award, entitled "Beyond Language: The Celebration of Diversity in Longterm Care" was presented after statewide competition among all hospitals. The basis of the program is recognition, sensitivity and customization of multidisciplinary services to ethnically diverse population in the hospital.

I wish to extend my congratulations to Virginia Leishman and the entire nursing division staff for their leadership in developing this program and competing for this prestigious award.

Seminars sponsored by the State Department of Health Services are being convened at locations around the state to disseminate the valuable information produced by this program. It will be used as an exemplary program to teach other hospitals how to improve patient services.

Census Goal Achieved

The hospital has achieved its budgeted average daily census rate for year to date of 1,137. The budgeted average daily census of 1,137 is prorated, annualized census level which accounts for the new Hospice Ward being activated in October 1994. Daily census has been routinely much higher since October.

This is a remarkable feat and provides the revenue stream necessary to allow the hospital balance its budget by fiscal year end. I wish to extend my appreciation to Mr. Wagner and his staff for their coordinated efforts in achieving a full census for the duration of the fiscal year.

Administrator Selected Chair of State Heart Association

I am proud to report that Executive Administrator of Laguna Honda, Anthony G. Wagner, was elected Chair of the Board of Directors of the California Affiliate of the American Heart Association at the annual delegate assembly on June 10th in Santa Clara. His term will start July 1, 1995 and run until June 30, 1996.

An American Heart Association volunteer since 1975, Tony served for two years on the National Board of Directors. He is a past chairman of the San Francisco Division. Among his goals during his tenure as chair is to lead the statewide volunteers in developing an organization that will provide the most efficient and effective structure to achieve the mission of the California Affiliate. Congratulations and best of luck in your new role Tony.

COMMUNITY PUBLIC HEALTH SERVICES

Chinese Resource Guide to Health and Social Services

The Health Education Department of Health Center 4 and San Francisco General Hospital have joined together to publish a 46-page Chinese Resource Guide to Health and Social Services. It took three years in the making of this guide and it is the first resource guide produced in the Chinese community in the last 10 years. The production of this guide was made possible by generous contributions from numerous donors and the support of over twenty-five community agencies. A total of 13,500 copies were printed. A special thanks to Marianne Balin of SFGH and Lei-Chun Fung of Health Center 4 for the perseverance in keeping the project going.

To celebrate the completion of this guide, a press conference and lunch reception was held on June 7th at Health Center #4 to present the Chinese Resource Guide to Health and Social Services to the community. The event was covered on two Chinese TV programs and five Chinese newspapers. Over 150 people attended this celebration, including Board of Supervisor Angela Alioto, Health Commissioners Arthur Jackson and Edward Chow, SFGH and CPHS administrators, community leaders, clients and their families, longtime friends and supporters of Health Center 4. Over 25 individuals and organizations were acknowledged for their contributions in funding and sharing their time and expertise in all aspects of the production of the resource guide. The production and completion of the resource guide truly reflected a collaborative efforts between the San Francisco Department of Public Health and the Chinese community in San Francisco.

The Chinese Resource Guide are being distributed through Health Center #4 and community agencies. Sing Tao Daily newspaper will also distribute 5,000 copies through their four sales offices in San Francisco. South San Francisco, Oakland and San Jose.

Vital Statistics

The Bureau of Vital Statistics has instituted a new service and DPH revenue source. The Bureau is offering the service of placing orders for birth or death records by phone and, at the caller's request, bill the caller's credit card. Through the cooperation of DPH administration, Commissioner Castaneda, Dr. Frances Taylor and the County Treasurer, the Bureau was able to establish its own fee structure while offering a superior service.

Contributing Author

Jacqueline Wasserman, RNC, Family Nurse Practitioner at Health Center 4 and Prop J Satellite Clinics in the Tenderloin and Visitation Valley was a contributing author in Women's Primary Health Care: Protocols for Practice. Edited by Star, W. L. Lommel, L & Shannon, M. Published by the American Nurses Association in 1995. Ms. Wasserman contributed chapters on *Headache, Dizziness/Vertigo and Seizures.*

EPIDEMIOLOGY/DISEASE CONTROL

AIDS Office Branch Chief Resigns

After nine years of diligent service to the Department, Dr. George Lemp, Chief of the Seroepidemiology and Surveillance Branch of the AIDS Office, has announced his resignation effective July 7, 1995. Under Dr. Lemp's leadership the Seroepidemiology and Surveillance Branch has come to be recognized nationwide as outstanding in its field. Please join me in extending best wishes to Dr. Lemp in his new position as Coordinator of the University-wide AIDS Research Program at the University of California, Office of the President. We look forward to continued collaboration with him in our efforts to stop the spread of HIV disease.

Needle Exchange Program

On June 7, 1995, Daniel Lungren, Attorney General for the State of California, filed an advisory opinion on needle exchange. The opinion had been requested by California State Assembly woman, Barbara Alby. His opinion was that needle exchange programs violate state law and that a declaration of a public health emergency would not allow a county to institute a needle exchange program. This opinion is of concern since the Mayor has declared a public health emergency, with ratification by the Board of Supervisors, in order to allow the Health Commission and the Department to fund Prevention Point, our needle exchange program. The opinion also states that public officers who use public funds for any purpose not authorized by law can be punished by imprisonment and disqualified from public office.

While disturbing, it should be remembered that this is just an opinion by the Attorney General and not a judgment of a court of law. San Francisco has had a needle exchange program under this state of emergency for a year and a half, during which the Attorney General has taken no action. San Francisco is one of several counties in California to use a state of emergency to support needle exchange. San Francisco's District Attorney, Arlo Smith, has publicly stated that he supports needle exchange and does not agree with the opinion of Attorney General Lungren.

Dr. Katz and I met with the Mayor and representatives of the City Attorney's Office on Friday, June 16th. After being fully briefed on both the legal and public health issues, the Mayor decided to continue his support for needle exchange in San Francisco. The Department will continue to work with the Mayor, the Board of Supervisors, the City Attorney's Office, and Prevention Point to define the most appropriate means to continue this vital HIV prevention effort.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Indoor Air Quality Investigation

On June 8, 1995, industrial hygienists from the Occupational Safety and Health Program (OSH) responded quickly to a request from the Department of Social Services to investigate reports of employee illness at 1235 Mission Street resulting from exposure to an unknown indoor air contaminant. Fourteen employees were seen at the San Francisco Occupational Health Services Clinic at SFGH for symptoms ranging from nausea to upper respiratory irritation.

OSH staff, working with DSS supervisors, interviewed DSS personnel and conducted an evaluation of potential contaminant sources at the facility. The source was attributed to a carpet cleaning/spot removal compound applied by custodial staff the previous evening in concentrations exceeding recommended use guidelines. The building ventilation system was shut off at night for energy conservation measures, preventing odors generated by the material from dissipating quickly. Based on the small quantity of cleaning compound applied and the contents of the compound, any health effects experienced by DSS staff are likely to have been caused by the strong odor of the material and not by any hazardous ingredient in the product. DSS staff was instructed to run the ventilation system continuously for the next 24 hours and to discontinue use of the cleaning product. Good communication between the OSH Industrial Hygienist and medical staff at the Clinic facilitated treatment of employees and release of employees to return to work. Employees returned to work at DSS the same afternoon.

5) PRESENTATION OF THE SAN FRANCISCO HIV PREVENTION PLAN

Rafael Chang, GAPA, provided an overview of the community planning process in developing the HIV Prevention Plan, (Attachment A).

Commissioner Shriver commended the HIV Prevention Planning Council for the groundbreaking document.

The Commission requested a resolution on the Plan be considered at the July 25th Commission meeting.

6) PRESENTATION OF FEDERAL BUDGET CUTS AND THEIR IMPACT ON SAN FRANCISCO;

Melange Matthews, Office of Planning, gave a presentation covering the following areas:

- Status update on the components of the Contract with America.
- An educational and historical review of Federal trends as they relate to welfare reform proposals.
- A profile of local economic and health related indicators identifying current trends and vulnerable populations.

She also provided information on current issues associated with block grants and a comparative chart outlining House and Senate welfare proposals.
Brian Cahill, General Manager of the Department of Social Services, gave an update on the impact of Federal and State welfare reform on San Francisco, its children, families, and the poor. (Attachment B).

Pam David, Office of Community Development, gave a status report on the impact of Federal cuts on OCD.

Public Speakers: Speakers discussed direct and indirect impacts anticipated from the passage of recent Federal legislation.

John Gressman, Community Clinic Consortium
Gen Fujioka, Asian Law Caucus
Carrie La Briola, National Conference
Bob Nelson, Catholic Charities
Andy Sekara, Senior Action Network

CONSIDERATION OF RESOLUTIONS ON ISSUES OF CONCERN RELATED TO BLOCK GRANTS AND MEDICARE/MEDICAID

President Jackson acknowledged a letter from Mayor Jordan expressing his concerns about the potential State and Federal cuts to San Francisco's health care system. The Mayor will continue to work with the Commission and Dr. Hernàndez to ensure quality health care in San Francisco.

Action Taken: The Commission adopted Resolution #17-95, "Opposing Reductions in Medicaid and Medicare, and Proposed Block Grants". (Attachment C).

7) CONSIDERATION TO RELOCATE THE DIVISION OF MENTAL HEALTH'S ADOLESCENT INTENSIVE RESIDENTIAL SERVICES (AIRS) PROGRAM INTO THE MENTAL HEALTH REHABILITATION FACILITY'S ADOLESCENT PROGRAM

Nancy Presson, Director of Children's Services, provided a status update on the AIRS (Adolescent Intensive Residential Services) program. (Attachment D).

Commissioners' concerns expressed were:

a) Lack of knowledge that California Pacific Medical Center's AIRS site did not have a current use permit.
b) Lateness in determining the 1020 Haight site to be unsuitable and unsafe for this adolescent population.
c) Disruption in services to this population of seriously emotionally disturbed adolescents.
d) Transferring of adolescents out-of-county.

Ms. Presson presented a Contingency Plan for developing Seneca Center's San Francisco Alternatives Programs. Seneca proposes to utilize for one year the new R-Facility located on the San Francisco General Hospital Campus, while developing a permanent site for this program.

Action Taken: In response to an emergency situation, the Commission approved the temporary (1 year) relocation of the Adolescent Intensive Residential

Services (AIRS) into the Mental Health Rehabilitation Facility located at San Francisco General Hospital. Progress reports will be given to Commissioner Gadberry, Liaison Commissioner for Mental Health Managed Care.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

EXECUTIVE SUMMARY

A. Introduction

This HIV Prevention Plan, the first of its kind in San Francisco, is a significant product of a community planning process which began in early 1994. The AIDS Office of the San Francisco Department of Public Health, responding to a Request for Proposal issued in late 1993 by the Centers for Disease Control and Prevention (CDC), applied for moneys to be specifically dedicated to the initiation of a community-wide process leading to the development of an HIV Prevention Plan for San Francisco. With approval of that proposal and operating under guidelines issued by the CDC, the AIDS Office created a new community planning body. In an effort to make that body representative of San Francisco's diverse communities, nominations were sought from prevention providers, researchers/educators, and the general community. From the 93 nominations received by the deadline, a screening committee (composed of the chairs/co-chairs of the AIDS Prevention Advisory Committee, Ryan White CARE Council, and the People of Color Advisory Committee) forwarded 37 names of individuals representing as many aspects of the city's population as possible to the Directors of the Department of Public Health and the AIDS Office for consideration and possible appointment. All 37 persons were appointed and officially became members of a new HIV Prevention Planning Council (HPPC).

The membership of the HPPC was designed to closely reflect the characteristics of the HIV epidemic (both current and projected) in San Francisco. It is ethnically diverse (with 7 African American members; 7 Latino members; 5 Asian/Pacific Islander members; 2 Native American members and 13 White members as of 8/31/94) and represents the sexual orientation diversity of the City (12 gay/bisexual men; 4 lesbians; and 1 transgender woman are members of the council). People with HIV/AIDS are also among the members.

In its first few months of operation, the HPPC was faced with the formidable task of developing (by the end of September, 1994) an HIV Prevention Plan which addressed: the epidemiology of HIV/AIDS in San Francisco; prevention resources currently available in the community; prevention strategies and interventions; prevention goals, objectives and linkages; an assessment of needs for defined populations; proposed criteria for establishing priorities; technical assistance needs of prevention providers (and the AIDS Office); and evaluation. To enhance this process, consultants from the

Attachment A
Page 1 of 3

Support Center for Nonprofit Management were retained under a sole-source contract with the AIDS Office.

Three co-chairs (one designated by the AIDS Office and two selected by the HPPC (from the community) to facilitate the plan development process. The co-chairs, recognizing the need to move speedily, decided to create sub-committees which would be responsible for development of the individual elements of the plan. The sub-committees (Epidemiology and Needs Assessment; Strategies and Interventions; Goals and Objectives; Criteria for Priority Setting; and Technical Assistance) had their membership expanded (beyond the HPPC membership itself) to include interested members of the community at large. Sub-committee meetings were held at least twice a month; HPPC meetings were held twice a month during the plan development period.

As each chapter was developed, public input was solicited through public meetings, focus groups and meetings of the various bodies that serve in an advisory capacity to the AIDS Office. The input from these efforts was provided to the sub-committees where decisions were made about inclusion of the information before the draft chapter was presented to the full council by the chair of the appropriate sub-committee with back-up and support from other members of the sub-committee. Each chapter was voted on and either approved or sent back to the sub-committee for revision. The result of this feverish activity by HPPC members, community members who served on HPPC sub-committees and members of the public who participated in focus groups and community meetings is this comprehensive HIV Prevention Plan for San Francisco.

B. What is the HIV Prevention Plan?

The HIV Prevention Plan is largely about helping HIV prevention providers get better organized (i.e. finding out what we know, what we don't know, what is working and what is not working) through meaningful planning for and evaluation of the prevention system in San Francisco. It is an effort designed to implement strategies and interventions which will ultimately stop the spread of HIV in the City. It defines unmet prevention needs as well as the existing "known" needs, emerging trends, the data we now have and don't have, as well as the data that is needed. This plan represents a shift in the basic assumptions underlying HIV prevention planning. Formerly, prevention efforts were directed to defined "high-risk" population groups without regard to what actually put those populations at risk. This plan addresses the HIV prevention needs of various populations on the basis of

Attachment A
Page 2 of 3

their high-risk sexual and drug using behaviors. It recognizes that behavior is what puts people at risk -- not the fact that they belong to a particular ethnic, cultural, or other group.

C. What Does the HIV Prevention Plan Include?

The HIV Prevention Plan consists of nine (9) chapters covering: the epidemiologic profile of HIV/AIDS in San Francisco; an inventory of prevention resources; HIV prevention strategies and interventions for target populations; the criteria used in setting priorities; a comprehensive summary and needs assessment; priority goals and objectives; system linkages and coordination; technical assistance for community based organizations and other HIV prevention providers; and an evaluation of the process by which the plan was developed. Following is a brief synopsis of each chapter:

Attachment A
Page 3 of 3

TRANSFERRING THE BURDEN IGNORING THE IMPACT

The impact of federal and state welfare reform on San Francisco, its children, families and the poor

Addendum
June 13, 1995

Prepared by
San Francisco Department of Social Services
Brian Cahill, General Manager

COMPARISON OF FEDERAL WELFARE REFORM PROPOSALS

AFDC "REFORM" PROPOSALS

ISSUE	HOUSE OF REPRESENTATIVES PROPOSAL	SENATE REPUBLICAN PROPOSAL	SENATE DEMOCRAT PROPOSAL
AFDC Entitlement	Abolishes AFDC. Turns AFDC into a capped block grant distributed to states.	Abolishes AFDC. Turns AFDC into a capped block grant distributed to states.	Abolishes AFDC. Creates new Temporary Employment Assistance, a conditional individual entitlement of limited duration.
State match	No state match required	No state match required	Retains state match requirement
Funding level	Federal 1994 funding level	Federal 1994 funding level	Funding sufficient to meet caseload demands
Rainy day fund	Loans available to states with high unemployment	Loans available for up to 10% of their annual grant amount	Since entitlement, no need for hardship loans.
Transfer of Money	Allow transfer of 30% of block grant for other purposes.	No transfer allowed.	No transfer allowed, but bonus money can be used for employment or childcare programs.
Benefit levels	Benefits can be cut	Benefits can be cut	Retains current law -- benefit can be reduced, but not below 1988 level.
Time limits	5 year lifetime time limit, with state option for less time.	5 year lifetime time limit, with state option to impose shorter time limit. Up to 10% of caseload may extend beyond 5 years in high unemployment regions.	5 year lifetime limit, with reduced grant after 2 years for parents refusing to work. Exception allowed for areas with high unemployment
JOBS program	Abolishes JOBS. JOBS would be consolidated with AFDC in fixed amount of money over 5 years	States must continue to have a JOBS program to be eligible to receive AFDC block grant.	Abolishes JOBS. Creates new Work First Employment Block Grant. Funding would increase over current allocation.

Attachment B
Page 2 of 4

COMPARISON OF FEDERAL WELFARE REFORM PROPOSALS

AFDC "REFORM" PROPOSALS (Continued)

ISSUE	HOUSE OF REPRESENTATIVES PROPOSAL	SENATE REPUBLICAN PROPOSAL	SENATE DEMOCRAT PROPOSAL
Work Participation Rate	• 10% of caseload required to work 20 hrs/week by 1996. • 50% of caseload required to work 35 hrs/week by 2003	• 20% of caseload required to work 20 hrs/week by 1996. • 50% of caseload required to work 20 hrs/week by 2001	• 30% of caseload required to work 20 hrs/week by 1996. • 50% of caseload required to work 20 hrs/week by 2000
Workfare (subsidized public jobs)	Requires states to place recipients in workfare programs if unable to find jobs.	Allows states to count workfare programs in job participation rate	Workfare not counted in work participation rates, but clients are required to perform community service if not working.
Minor parent eligibility	Not eligible	Required to live at home or with adults to receive aid	Required to live at home or with adults to receive aid.
Family Cap	Grant does not increase if additional children are born while on aid.	State has option to impose a family cap.	Not addressed - will maintain current eligibility.
Immigrant eligibility	Most legal immigrants are not eligible for AFDC unless they become citizens	Legal immigrants can be eligible for AFDC, at state's option. Sponsor's income may be included in determining eligibility.	Not addressed - will maintain current eligibility.
Child Care	Consolidates child care programs into single block grant. No guarantee of child care assistance for those transitioning to work	Requires childcare be available to working parents of children under 6 years.	Guarantees child care for those required to work and one year transitional coverage on a sliding scale
Medicaid	Current law - one year of transitional Medicaid for those working	Not addressed; will follow current law.	One year transitional coverage plus additional year at sliding scale.

Attachment B
Page 3 of 4

COMPARISON OF FEDERAL WELFARE REFORM PROPOSALS

OTHER "REFORM" PROPOSALS

ISSUE	HOUSE OF REPRESENTATIVES PROPOSAL	SENATE REPUBLICAN PROPOSAL	SENATE DEMOCRAT PROPOSAL
SSI Eligibility	• Individuals whose disability is due to drug or alcohol abuse would no longer be eligible • Most legal immigrants would be ineligible • Only severely disabled children would be eligible	• Individuals whose disability is due to drug or alcohol abuse would no longer be eligible • Most legal immigrants would be ineligible • Only severely disabled children would be eligible	Not addressed - will maintain current eligibility.
Food Stamps	Able bodied individuals would be required to work after 90 days in order to receive benefits	Not addressed, but will be amended after Agriculture Committee review.	Not addressed - will maintain current eligibility.
Child Welfare	• Money will be distributed to states as capped block grant at FFY 1994 levels • Child protection guidelines will be less defined	States must certify they will continue to operate child protection, foster care, adoption & child support programs.	Not addressed - will maintain current entitlement status.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-95

Attachment C

OPPOSING REDUCTIONS IN MEDICAID AND MEDICARE, AND PROPOSED BLOCK GRANTS

ress is currently debating budget reductions which will have a significant [illegible] health and social service programs; and,

WHEREAS, Congressional discussions have focused on health and welfare block grant proposals which will significantly alter federal, state, and county roles; and,

WHEREAS, these changes would shift costs to the county level, compounding current budget deficits and increasing the number of unsponsored patients; and,

WHEREAS, California already suffers from a low Medi-Cal reimbursement rate, where we spend $601 per Medi-Cal child, approximately 40% less than the national average and, where we spend $4,929 per Medi-Cal elder, approximately 45% less than the national average of $8,704; and,

WHEREAS, the current Senate budget proposal includes a reduction in Medicare spending by $256 billion and Medicaid by $175 billion. The House budget proposes to reduce Medicare by $283 billion, Medicaid by $184 billion and cut discretionary health spending by $86.7 billion over the next seven years; and,

WHEREAS, these health cuts contribute nearly 48% of the $961 billion in proposed total deficit reductions by the year 2002; and,

WHEREAS, current budget proposals for Medicaid and Medicare reductions will jeopardize the viability of our safety net structure, by reducing and capping total funds available and denying need based growth; and,

WHEREAS, costs associated with Medicaid have risen approximately 11% per year, and where the Congressional budget assumes that the Medicaid growth rate will be reduced to 4% per year; and,

WHEREAS, 1990 census data indicates that 12.7% of San Francisco residents are living below poverty, and 30.1% or 213,700 individuals are living below 200% of poverty; and,

WHEREAS, these individuals use traditional safety net providers including San Francisco General Hospital, Department of Public Health, and community clinics to receive medical care; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-95 (Cont'd.)

WHEREAS, the abrogation of federal responsibility to support these individuals will result in reduced funding to states to care for the current Medi-Cal population and reduced funding for the growing medically indigent population; and,

WHEREAS, the Department of Public Health and other traditional safety net providers, are deeply concerned that proposed changes will threaten the quality and access to care for those who rely on our local health system, now, therefore; be it

RESOLVED, that the San Francisco Health Commission opposes reductions in the Medicaid and Medicare programs, and specifically opposes the conversion of Medicaid funding into block grants and, be it

FURTHER RESOLVED, that if these reductions are implemented, certain principles must be followed while restructuring these programs; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission identifies the following principles to serve as guidelines for the development of Medicaid block grant programs:

1. Local government, including health departments, must be involved in the decisions regarding the allocation of Medicaid Block Grant funds within States.
2. Decisions regarding resource allocation should be based on principles of equity and local needs assessments.
3. Formula allocations must include consideration of traditional safety net providers.
4. Provisions should be made for direct funding of innovative service delivery models and/or exceptional health status problems; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor to instruct our State and Federal advocates to take all action necessary to pursue these principles in the development of any block grant proposals.

I hereby certify that the foregoing resolution was adopted by the Health Commission on Tuesday, June 20, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

City and County of San Francisco
Department of Public Health

CONSIDERATION OF RELOCATION OF THE ADOLESCENT SUBACUTE RESIDENTIAL PROGRAM FROM 1020 HAIGHT STREET TO THE REHABILITATION FACILITY

Issue

San Francisco contracts for high intensity "subacute" services for 14 adolescents who are seriously emotionally disturbed. The current facility housing the program at 1020 Haight Street requires renovations which are estimated at over $200,000. Problems with the Use Permit also hamper continuation of the program. The rental cost is $112,568/year. At this time there is no way to continue this program at the current site until renovations are completed. The program is closed as of June 16 and the Division is placing children out of county until a solution is found.

Change in Contract Provider

In January, 1995 the Division of Mental Health, Department of Public Health issued a Request for Proposal (RFP) to provide adolescent subacute residential treatment services for San Francisco teenagers between the ages of 12 to 18. This RFP was initiated after California Pacific Medical Services informed the County that they would not continue to offer this service, or any community mental health service, after June, 1995. In May Seneca Center for Children and Families and the Langley Porter Psychiatric Institute were awarded the contract to provide these services and began to develop their program for severely emotionally disturbed youth. If was anticipated in the RFP that the program would operate out of the 1020 Haight Street site and continue to house 14 children.

The Program

California Pacific had operated the AIRS program at 1020 Haight Street since 1990. The AIRS program is licensed as the highest level unlocked group home (level 14); it incorporates a mental health day treatment program and includes an on-site school. The Seneca/Langley Porter proposal continued this licensing and described a program which will function as a diversion from the hospital offering a no reject intake policy and a no eject discharge policy. With its high staff-to-child ratio and intensive clinical and family support services, this new program will have the capacity to accommodate some of the most severely disturbed young people served by Community Mental Health, the Department of Social Services, the Unified School District and Juvenile Probation in the City and County of San Francisco.

The Facility

Shortly after award of the contract, staff from the Division of Mental Health and Seneca Center inspected the 1020 Haight Street site and determined that the current condition of the facility made it unsuitable and unsafe for the provision of residential treatment services to severely emotionally disturbed adolescents. Examples of some of the facility deficiencies include substantial roof leaks, as well as glass windows and protruding sprinklers that pose a high risk situation for suicidal youth. Estimates for repair and renovation are over $200,000. The Haight Street facility is problematic even with these renovations. There is virtually no self-contained outdoor recreational space, very limited office space for staff and its location on Haight Street is less than ideal for the provision of a safe and secure residential environment for disturbed teenagers.

The owner of the building has expressed an unwillingness to carry out renovations without a significant increase in the current rent amount, which is already quite high given the location and condition of the building.

R-Facility Planning Group Consultation
Dr. Albert De Ranieri reconvened the R-Facility Planning Group for the Adolescent Program to discuss this emergency. Facility sites for this kind of program and few and the approval process is lengthy. In the meantime children are being sent out of County and the flexibility of using the AIRS program for short-term hospital diversion is not possible which in turn increases adolescent inpatient hospital days. The Planning Group considered the possibility of housing the Subacute Program in the R-Facility in the area designated for 15 locked beds for adolescents. The group consensus is that both programs: the subacute residential and the locked facility are both critical elements in the system of care. The group urged the representatives from Seneca Center and Langley Porter to continue to look for space in the Community. They are agreed that relocation to the R Facility made the most sense at this time. The group asked that an additional 15 beds adjacent to the Adolescent Section be assigned as an Adolescent Locked Facility so that both programs could be housed in the same facility. Since adolescent care is reimbursable by Medi-Cal and adult care by in large is not reimbursable there is an advantage to the long term funding strategy for the program to expand adolescent beds.

Appropriateness of the R Facility
The Division of Mental Health staff have determined that the R Facility located at San Francisco General Hospital would serve as an ideal interim or permanent site for operation of the adolescent subacute residential treatment program. The newly constructed facility would provide not only a safe and secure setting for operation of the program , but it also includes indoor and outdoor recreation Areas that are well designed for use by severely disturbed youth.

Request for Relocation
Given the current crisis in finding a suitable community facility to house the subacute adolescent program, the Department requests that the Health Commission approve the use and licensure of the facility by Seneca Center and Langley Porter to provide subacute residential services to adolescents in San Francisco.

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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PUBLIC NOTICE

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JULY 1995
HEALTH COMMISSION MEETINGS

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During the month of July, the Health Commission meeting dates will be:

Tuesday, July 11, 1995
and
Tuesday, July 25, 1995

3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

July 11, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 20, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) CSAS - Request to amend the original hold harmless and net negotiated amount agreement with the State of California Department of Alcohol and Drug Programs for the term July 1, 1994 through June 30, 1997.

(3.2) CSAS - Request to amend the original hold harmless MediCal agreement with the State of California Department of Alcohol and Drug Programs for the term July 1, 1994 through June 30, 1997.

(3.3) CPHS - Epidemiology - Multiyear renewal contract with UCSF, School of Medicine, in the amount of $600,000/year, to provide assistance in the development and delivery of sexually transmitted diseases training curricula to health professionals for the period of July 1, 1995 through June 30, 1999. (DPH contracted with UCSF for services totaling $12,625,232 in FY 1994-95, exclusive of the Affiliation Agreement).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

6) **CONSIDERATION OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1995-96**

7) **PRESENTATION AND CONSIDERATION OF A RESOLUTION ON THE HOUSING PLAN FOR MENTAL HEALTH**

8) **PRESENTATION AND CONSIDERATION OF POLICIES RELATED TO THE MENTAL HEALTH REHABILITATION FACILITY;**

CONSIDERATION OF A RESOLUTION RELATED TO CONTRACTING OUT, FINANCING AND LICENSING OF THE MENTAL HEALTH REHABILITATION FACILITY

9) **PRESENTATION OF DRUG ABUSE ADVISORY BOARD'S ANNUAL REPORT**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 11, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P Castaneda, D.D.S.
Commissioner Edward A Chow, M.D.
Commissioner Sharon Gadberry, Ph.D
Commissioner Arthur M Jackson
Commissioner Margel F Kaufman
Commissioner Lee Ann Monfredini
Commissioner Michael D Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 20, 1995

Action Taken: The Commission unanimously adopted the minutes of June 20, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F Kaufman)

(3.1) CSAS - Request to amend the original hold harmless and net negotiated amount agreement with the State of California Department of Alcohol and Drug Programs for the term July 1, 1994 through June 30, 1997.

Because priorities may change from year to year, Commissioner Shriver requested the Department to submit for each fiscal year the priorities for the use of substance abuse funds.

(**3.2**) **CSAS** - Request to amend the original hold harmless MediCal agreement with the State of California Department of Alcohol and Drug Programs for the term July 1, 1994 through June 30, 1995.

(**3.3**) **CPHS - Epidemiology** - Multiyear renewal contract with UCSF, School of Medicine, in the amount of $600,000/year, to provide assistance in the development and delivery of sexually transmitted diseases training curricula to health professionals for the period of July 1, 1995 through June 30, 1999. (DPH contracted with UCSF for services totaling $12,625,232 in FY 1994-95, exclusive of the Affiliation Agreement).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET UPDATE

DPH City Budget

The Board of Supervisors' Budget Committee passed a recommended budget which was forwarded to the full Board for introduction yesterday. Public comment will occur at the July 17th Board of Supervisors' meeting, passage of the budget is anticipated at the Board's July 24th meeting.

The Board of Supervisors' Budget Analyst reviewed the Department's budget and made various line item reductions in materials and supplies, MIS equipment, contractual services and salary savings. In total the Budget Committee recommended $584,661 in additional reductions. $38,185 was put on reserve for professional services at CHS. DPH concurred with the Budget Analyst's recommendations. Reductions broken down by Division as follows:

CHS	$104,856	($38,185 on reserve)
Forensics	$270,205	
LHH	$ 73,000	
SFGH	$136,600	

The Mayor's Office negotiated an agreement with SEIU to cover the loss of revenue that was to be generated by the Pride Assessment fee. As part of this agreement SEIU Public Health Nurses agreed to defer their 2% retirement and 2% salary increase for fiscal year 1995-96 in exchange for a promise the Public Health Nurse (PHN) classification would not be reclassified as the Department had proposed. In addition the agreement stipulated no layoffs of PHNs until September 15, 1995. This action left a shortfall in the Department's budget of approximately $300,000. The Board of Supervisors' Budget Committee placed $300,000 on reserve for Community Public Health. After the State and Federal budgets are complete, the Department will review all shortfalls and make recommendations to the Commission, Mayor, and Board about how to proceed. Our ultimate goal will be to avoid any reduction of services to clients.

I want to remind the Commission there are a number of other outstanding budget issues including: the Prop J process for the Prime Vendor contract; and, the budgeted savings of a million dollars accrued by elimination of a shift differential for non worked hours.

At this point, there is no additional detail regarding the Federal budget. Margaret Kisliuk reports the State may have a budget approved by July 14th. The Department will continue to keep the Commission informed of the status of our budget once details of the State and Federal reductions are known.

MANAGED CARE

State Waiver

In late June 1995, the State submitted its waiver request to the Health Care Financing Administration for the "two-plan" model. The State is requesting that the waiver take effect on December 1, 1995. It is unclear what review process HCFA will use on this waiver. Given the magnitude of the State's Medi-Cal Managed Care Expansion Plan, this waiver will undoubtedly be carefully and thoroughly reviewed. If the waiver is approved, the State will be able to implement the two-plan model in June 1996.

The waiver requests that Freedom of Choice for providers be restricted to certain Medi-Cal beneficiaries in 12 counties and that beneficiaries who fail to select a health plan be assigned to one of the two HMOs contracting with the State. The State indicates that the objectives of the waiver are to: (1) reduce costs (2) prevent and reduce unnecessary utilization and (3) assure adequate access to quality care for MedicAid recipients.

Counties were not given an opportunity to review this waiver before it was submitted. There is concern that certain aspects of the waiver may not be favorable to counties and Local Initiatives. For example, the waiver indicates that Local Initiatives and Commercial Plans, not the State, will be required to pay FQHCs their interim rate reimbursement. In essence the State is proposing to shift the risk for interim rate reimbursement from itself to the health plans. This is of particular concern given the inadequacy of the capitation rates. All twelve Local Initiatives are now reviewing the waiver as submitted to determine whether there are other issues which will adversely impact their health plan development. I will keep you updated on any developments related to HCFAs review of the State's Medi-Cal Managed Care waiver.

ADMINISTRATION

Executive Management Retreat

Members of Executive Staff and the Department's Planning Staff held a retreat on June 23rd. The focus of the retreat was on organizational restructuring, an integral part of the Department's ongoing preparation for responding to changes underway in the health care industry driven largely by managed health care.

We are in the process of identifying key organizational issues and we are considering several alternatives for reorganizing the services we provide.
I hope to be able to outline these issues and their policy implications to the Commission in the next few months.

SAN FRANCISCO GENERAL HOSPITAL

Reorganization

San Francisco General Hospital just completed a major reorganization of divisions and assignments following reductions identified in the FY 1995-96 budget. Under the new management structure, the following Senior Associates will report to Richard Cordova: Gene O'Connell, Chief Operating Officer; Peter Praetz, Chief Financial Officer; and Phyllis Harding, Senior Associate for Mental Health.

Five new Associate positions will report to Gene O'Connell, Chief Operating Officer, whose scope of responsibility in this reorganization has significantly expanded to include management of all clinical and support divisions at SFGH, as well as maintaining her role as Director of Nursing for SFGH and CPHS. The five new Hospital Associate Administrators are:

- Robert Christmas - Clinical Systems Support Services, which include: the Departments of Education/Health and Safety, Infection Control, Utilization Review, Social Services, Referral, Quality Improvement, Risk Management, Licensing and Accreditation, JCAHO Preparation, Medical Staff Office and Hospital Policies and Procedures.

- Gayling Gee - Surgical and Specialty Services, which include: Medical and Surgical Specialty, Ambulatory Care, Surgi-Center,, Peri-Operative Services, Anesthesia Department, Post Anesthesia Care Unit, Rehabilitation Medicine, Clinical Labs, Nuclear Medicine, and Radiology.

- Dolores Gomez - Inpatient Care Services which include: Inpatient Medicine, Surgical, Critical Care, Maternal and Child Health and a Skilled Nursing Unit as well as related inpatient departments and programs.

- Chris Wachsmuth - Pre-Hospital and Emergency Care which include: The Paramedic Division, Emergency Service, Urgent Care, Trauma, Advice Line, Base Hospital, Disaster Preparedness, Poison Control, and liaison with the Emergency Medical Services.

- Jerry Rankin - Administrative Support Services, which include: all facilities and space planning, facilities and support functions, such as Plant Operations and Maintenance Housekeeping, Security, and Dietary/Cafeteria. The position also coordinates similar functions for DPH's Integrated Delivery System and is responsible for the development of business opportunities.

An SFGH Executive Staff Retreat scheduled for July 20, 1995, will provide the opportunity to begin the process of: team building, developing a common streamlined vision, and setting goals for the coming year. The new leadership has the collective experience, abilities, and commitment to succeed in charting a new course for the future of SFGH.

Diversion Statistics

The Critical Care diversion for the period June 1 through June 30, 1995 was 44 hours and 43 minutes or 6.2%. The average census at time of diversion was 19.9 patients. The recent fire truck collision and Chinatown shootings contributed to the diversion figures.

Airport Clinic

SFGH assumed operational responsibility for the San Francisco International Airport Clinic July 1, 1995. The clinic is funded via a work order arrangement from the Airport An MOU executed between the Airport and SFGH governs the scope of service responsibilities, and the financial arrangements for the clinic The clinic's new name is SFO Medical Services

A brief ceremony was held at the Airport on Friday, July 7th to honor Dr. Lawrence Smookler, the founder and former director of the Clinic at the Airport

LAGUNA HONDA HOSPITAL

Laguna Honda Opens Additional Skilled Nursing Ward

Laguna Honda Hospital is pleased to announce that it has increased its provision of long-term healthcare services to the community by opening an additional 30 bed Skilled Nursing Unit on July 5th. The Hospital is gradually admitting patients to the new unit and anticipates operating at capacity by the end of the month. With the addition of this new patient care ward, the average daily census at Laguna Honda is projected to be 1,175.

COMMUNITY PUBLIC HEALTH SERVICES

Retirement

It is with mixed emotions that I announce the retirement of Anita Guerra, a Public Health Nurse most recently based at Health Center 4. Anita served the Department for over 27 years. She has been a PHN for 25 years of those years and has served in special projects and as liaison with SFGH, as well as working in senior health care programs. She has also been a Union Shop Steward. Anita has been a long time patient advocate and will be missed by patients, community and colleagues. On behalf of the Department, we wish her well in her retirement.

COMMUNITY SUBSTANCE ABUSE SERVICES

Update Year Three Award (Pending) CSAS Target Cities Project

The San Francisco Target Cities Project submitted the Year Three application and budget in June 1995 for the period October 1, 1995 - September 30, 1996. The budget request included additional funding for several components including treatment expansion (an increase from $500,000 to $700,000), criminal justice, and assessment staffing. This is a five-year cooperative agreement and our original award notification was for $2.8 million for year three. We have now requested $3,587,500 for the year three period

The amount requested by component include:

Administration	$ 87,500	
Treatment Expansion	$ 750,000	
Primary Health Care	$ 134,914	
M I S	$ 343,666	
Criminal Justice	$ 500,000	
Main Access Center/ Including	$ 1,496,420	
Assessment Staff Evaluation	$ 3,587,500	requested

Although the award notice for year three has not been received, we have received feedback from the Center for Substance Abuse Treatment regarding our application. They indicated the review was quite positive and that we will likely be pleased with our award. They indicated the strengths with our program were: the main site is operational; improvements in the management information system were fully operational within the year two period; and the criminal justice component was innovative and on track (Drug Court, In Custody Services, Criminal Justice Assessments). Other Target Cities components are operating consistent with our timelines. We have been successful in linking a considerable amount of other funding to the project (SSI Assessment via Maximum Contract). We have been serving clients since October 1994 and the related data was helpful in demonstrating need and effectiveness.

Since we submitted the application, we have requested the Department of Alcohol and Drug Programs and CSAT consider additional requests ($30,000 evaluator, $30,000 Cross Site Evaluation (Nationwide), Faith Initiative $25,000, and MISS Trainer $30,000. They are considering these requests.

Follow-up to Tom Smith Center

The Tom Smith Center officially closed June 30th. All clients had completed their course of treatment. Staff were reassigned consistent with their Civil Service classification and seniority status.

Interim residential treatment services for substance abusers with concomitant serious mental illness began in early July and include: 6 slots at Walden House's Intensive Treatment Services; 10 slots at CATS' Woman's Place; and, 12 slots for HIV infected substance abusers funded by Ryan White revenues at Walden House. These services maintain needed residential treatment capacity during this interim period while the RFP for those services are developed and implemented.

A series of five meetings were held to solicit input into the proposed services for substance abusers with co-existing mental and physical health problems. These meetings have been well attended and represent a diversity of perspectives and concerns that will strengthen the RFP process and ensure that the needs of this target group will be addressed in a relevant and sensitive manner.

The Department complied with the intent of a resolution adopted by the Board of Supervisors to ensure no client discontinuity and to promptly assure replacement capacity for this high-risk complex patient population.

5) CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Dr. Richard Fine, SFGH Medical Staff, presented the recommendations, which were approved at the annual Medical Staff dinner on June 21, 1995. He reported that future amendments regarding a fully integrated medical staff will be forthcoming.

Commissioners emphasized the importance of an integrated medical staff to be reflected in the Medical Staff Bylaws.

Action Taken:	The Commission unanimously approved the amendments to the SFGH Medical Staff Bylaws.

6) CONSIDERATION OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1995-96

Jo Ruffin and Bill McConnell, Division of Mental Health, highlighted the DMS Action Plan for FY 1995-96 and gave a Status Report of the FY 1994-95 Action Plan. Contact the Commission Office for a copy of the Plan.

The Plan for 1995-96 emphasizes the managed care tasks and functions and was reviewed by the Mental Health Board, the Citywide Alcoholism Advisory Board, the Drug Abuse Advisory Board, the UCSF Department of Psychiatry Community Advisory Board, and the Consumer and Provider Task Forces.

Commissioners Gadberry and Castaneda raised the issue of residency requirements to receive services. Paula Jesson, Deputy City Attorney, reported that legally the "intent to reside" is the requirement.

Commissioner Shriver raised the issue of the need for a planning process to address the continuing decrease in resources. He emphasized the need for outcome measures, evaluations, and client comments to help set criteria in handling the decreased resources.

Dr. Hernández reported that the redesigning of our system of care to reflect managed care is in a community process of development. She will bring to the Commission an interim report on this planning process for managed care.

Commissioner Chow commended the Department for its cultural competency program and requested a follow-up report on how the cultural competency program would be working for mental health and substance abuse services.

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION ON THE HOUSING PLAN FOR MENTAL HEALTH

Dr. Carmen Carrillo, Division of Mental Health, gave an overview of the Division of Mental Health Housing Plan, which outlined goals and objectives for a 5-year period (1995-2000) for supported housing for psychiatrically disabled San Franciscans. (Attachment A).

Public Speakers: All in support of the Plan.
Jane Kahan
Amelia Berto-Morgan
Anthony Barreiro
Charles Jones
Bill Hirsh
Cynthia McGarrie
Carol Patterson
Darwin Diaz
Miriam Briscoe
Mary Sue Planck, Mental Health Board
Steve Leone, Mental Health Association

Action Taken: The Commission unanimously adopted Resolution #18-95, "Endorsing the Department of Health, Division of Mental Health, Five Year Plan for Supported Housing Services", (Attachment B).

8) PRESENTATION AND CONSIDERATION OF POLICIES RELATED TO THE MENTAL HEALTH REHABILITATION FACILITY;

CONSIDERATION OF A RESOLUTION RELATED TO CONTRACTING OUT, FINANCING AND LICENSING OF THE MENTAL HEALTH REHABILITATION FACILITY

This item was continued to the August 1, 1995 Commission meeting.

9) PRESENTATION OF DRUG ABUSE ADVISORY BOARD'S ANNUAL REPORT

Eric Brizee, Executive Officer of the Drug Abuse Advisory Board, presented the 1994 Annual Report, which included:

A Needs Assessment
Membership
Organizational Structure
Mission Statement
General duties of the Advisory Board
1994 DAAB Committees
1994 DAAB Accomplishments
1994-95 DAAB Funding Priorities
1995-96 DAAB Funding Priorities
Principles Guiding CSAS Budget Adjustments
Social Impact of Substance Abuse

Mr. Brizee acknowledged the CSAS statistics. He also reported that the evaluation/monitoring reports of substance abuse contractors have been submitted to CSAS. These reports are then submitted to the Commission as part of the contract renewal process.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

DEPARTMENT OF MENTAL HEALTH HOUSING PLAN

EXECUTIVE SUMMARY

The City and County of San Francisco is challenged to meet the needs of its citizens who are disabled by psychiatric disorders. Increasing demand for mental health services is occurring at a time of budgetary constraints. There is a growing demand to manage health care costs and reduce the use of high cost services, yet meet the basic needs of all people who are severely disabled and/or acutely mentally disordered. At the same time the tragedy of widespread homelessness among those with mental disorders is apparent and of concern to all San Franciscans. The confluence of these sets of issues, as well as other stresses and opportunities in the environment, have given rise to a time of reassessment and policy-planning in the City. The Department of Public Health (DPH), Division of Mental Health and Substance Abuse Services (DMS), has assumed leadership in bringing together those involved in meeting the needs of persons who are psychiatrically disabled to examine the need for housing linked to specialized support services as a critical element of the continuum of mental health services in the City.

The Mental Health Division, in its current Strategic Plan has stated that, "The effectiveness of the adult mental health services system can be measured by the client's success in living in the community." San Francisco will achieve this outcome only as it develops a system of community-based supported housing.

THE TASK FORCE

During the spring and summer of 1994, a Supported Housing Task Force was convened by the Division of Mental Health. Staffing support and consultation was provided by the Corporation for Supportive Housing. Members of the Task Force were drawn from several sectors, including mental health and residential treatment providers, consumers and family members, homeless advocates and shelter providers, the Mayor's Office of Housing, field office staff of the Department of Housing and Urban Development, the State Department of Mental Health, the Mental Health Board and the San Francisco Mental Health Association. In total, forty-five individuals and their constituent groups and organizations examined the supported housing needs of San Franciscans who have psychiatric disabilities, and developed a working consensus and a plan to address these needs.

THE PROBLEM

The Task Force found that:

- Many San Franciscans with psychiatric disabilities have extremely low incomes. Because of their income and disability they are often inadequately housed. They often have too great a rent burden relative to their income and may be forced to live in substandard housing. They generally lack access to supported services and assistance that would enable them to live independently.

- Many San Franciscans with psychiatric disabilities cannot access housing and are homeless. Approximately 30%-40% of homeless San Franciscans are psychiatrically disabled. These individuals are often shut out of the shelter system and must attempt to subsist on the streets. People with psychiatric disabilities make up more than half of the City's unsheltered homeless population but only 5-15% of the shelter population. Without targeted supports, it is unlikely that such persons will become rehoused.

- The absence of affordable housing linked to support services causes people to recycle through the acute care system. Too often people use costly psychiatric emergency services, and inpatient services when their basic need for safe, secure, and supported housing is not met. Discontinuities in the service system compound this problem.

- Current supported housing options socially segregate people with disabilities by concentrating them in SRO hotels in downtown neighborhoods, and in buildings that house almost exclusively individuals with specific disabilities. This strategy does not take into account consumer housing preferences, the vulnerability such individuals have to stressors and exploitation in their environment, nor does it respect the multi-cultural, multi-racial make-up of the population and their desire to live in neighborhoods that reflect these diverse backgrounds.

- Between 1500 and 3000 San Franciscans with psychiatric disabilities need supported housing.

- There are insufficient sites linking permanent housing to intensive support services in San Francisco.

- Jails are being inappropriately used to house persons whose offense is to be psychiatrically disabled and unhoused.

- Lack of leadership, focused planning, and information, and a consistent, stable resource base have allowed San Francisco to fall behind other major metropolitan areas in addressing these issues.

HIGHLIGHTS OF GOALS AND PRINCIPLES

The Task Force established as goals the expansion of housing options for people with psychiatric disabilities, and the focused planning and resource development to support a coordinated system of housing and services, including as a first step, the creation of at least 500 units of Supported Housing in the following five years. Highlights of the goals and principles adopted by the Task Force include:

o Consumers of mental health services consistently identify housing as their primary need when surveyed.

- Across the nation, supported housing has been proven to vastly reduce the need for hospitalization and acute services, as well as incarceration and homelessness, even for those with very severe and persistent disorders.
- Supported housing is a crucial element of an efficient, effective and balanced system of care for those with psychiatric disabilities.
- A spectrum of decent, safe, affordable, permanent housing should be available to mentally ill San Franciscans.
- Consumers should be involved in planning and evaluating services, and in the paid provision of services. People living in supported housing should have normal tenant rights and roles to the extent possible.
- Support services linked to mainstream housing should be flexible, intensive and tailored to individual needs and culture.

HIGHLIGHTS OF RECOMMENDATIONS

The Task Force recommends that the 500 units of housing developed as a result of this Plan will include housing in a variety of neighborhoods. The housing will be made affordable to extremely low (fifteen percent of area median) and very low (thirty percent of area median) income individuals. Mental health consumers will be involved in the planning and design of specific supported housing initiatives.

Supported services will be available to each tenant, based on an assessment of his or her goals and needs. Two levels of supported services will be provided, intensive and very intensive supports. Intensive supports will typically involve flexible services in the home and community, with access as needed to a round-the-clock crisis service. In general, *on-site* programs may involve peer-based services, recreational and other activities intended to build community among tenants, rehabilitation oriented skills development, case management, vocational programs and information and referral. *Off-site* services would include crisis intervention with mobile capacity, clinical services including medical care, mental health and substance abuse treatment, and educational activities. The services team would have a recommended staff to tenant ration of approximately 1:25.

The very intensive target population will have routine access to multiple helpers and can receive up to twenty-four hour per day in-home services or support. A higher level of *on-site* support services would be available. Meals may be included in the service package. The recommended staff to tenant ratio would range from approximately 1:10 to 1:5 depending upon the needs of tenants.

Services will be integrated at the client-level to address multiple needs, including substance abuse and HIV/AIDS. All staff will be trained in dual-disorder issues. Twenty-four hour crisis assistance will be available, provided by mental health professionals trained as substance abuse specialists.

PRIORITIES

The Plan establishes priorities for funding as follows:

- **Housing Priorities** are to develop, or to make accessible housing for high users of mental health services, including those repeatedly accessing emergency psychiatric services, and those exiting inpatient, Institutes for Mental Disease (IMD) and residential treatment settings; homeless people with psychiatric disabilities, and persons with psychiatric disabilities who have repeatedly been jailed for non-violent offenses Many of these individuals will have multiple disabilities such as substance abuse and/or HIV/AIDS.

- **Service Priorities** are to establish the intensive, and very intensive supports identified above linked to housing developed or made accessible under this Plan, and to provide multidisciplinary crisis intervention to individuals residing in the housing developed under this Plan, expand capacity to provide residential treatment for those dual-disordered with substance abuse and mental illness, and establish a medication support program.

- **System Building Priorities** are to provide technical assistance and capacity building support to housing developers and service providers to establish an industry of providers capable of successfully developing, operating and providing services in this kind of housing; to provide cross-training to service providers, and to establish a centralized system for housing information and referral.

HEALTH COMMISSION OVERSIGHT

The Health Commission should annually, and prior to development of the Department's annual budget:

- Review the housing completed, or made accessible to persons with psychiatric disabilities, each year to determine whether or not production is meeting the priorities and the schedule set forth in this Plan;

- Monitor progress toward meeting the goals identified in the Plan;

- Enhance the Department's efforts to address NIMBY issues by assisting in identifying neighborhood support, and testifying at neighborhood meetings regarding projects developed as part of the "housing production program" discussed below;

- Assess issues related to the Department's annual budget proposal for inclusion of funds necessary to implement the Plan.

TOTALS

The production schedule detailed in the Plan would result in a total of approximately 105 units with very intensive services and 395 units with less intensive services.

The housing units would accommodate individuals who had begun their individual plan to move into housing when they resided in the following settings: Institutes for Mental Disease (IMDs), residential treatment, Psychiatric Emergency Services (PES), psychiatric jail services, and also homeless mentally ill people living in the streets or shelters, doubled up with family or friends or in other temporary accommodations.

COSTS

The Plan assumes that capital costs will range from $35,000 to $75,000 for SROs and $50,000 - $100,000 per unit for other types of housing, operating costs from $300-$375 per month per unit, and services costs $3,000 per month per person for very intensive level of service buildings, and $650 per month per person for intensive services.

The total capital, services and operating amounts necessary for the housing production program identified below are expected to total $40.3 million for capital costs to develop 500 units, and by the time all units are on line, in the year 2002, about $1.2 million for operating subsidies, and $4.8 million for supportive services.

CONCLUSION

While this Plan has detailed the need for housing for people with psychiatric disabilities, and some of the problems with the existing system, the Plan will be a meaningful document only if it inspires action. The action taken will be a successful beginning if 500 units of housing are open, or in the development pipeline within five years, and if the units that are available offer stability, affordability and some choice to consumers who have in the past had to utilize primarily acute and sub-acute services, or emergency shelters, or been jailed instead of living in their own homes.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-95

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH, DIVISION OF MENTAL HEALTH, FIVE-YEAR SUPPORTED HOUSING PLAN

WHEREAS, the Division of Mental Health of the Department of Public Health, has underscored the importance of housing in the effective treatment of mental illness in its Action Plan; and,

WHEREAS, the Division of Mental Health has determined that supportive housing is the cornerstone of community support for the mentally ill; and,

WHEREAS, the Division of Mental Health has unique specialized expertise in the provision of support services to mental health clients in housing; and,

WHEREAS, the Division of Mental Health, in collaboration with its consumer population and with interdepartmental input, State Department of Mental Health, and the U.S. Department of Housing and Urban Development, has determined the direction and scope of its Five-Year Supported Housing Plan; now, therefore, be it

RESOLVED, that the Health Commission supports the Division of Mental Health's Five-Year Supported Housing Plan, and will support divisional implementation efforts.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 11, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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25/95

AGENDA

HEALTH COMMISSION MEETING

July 25, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 11, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

(3.2) DMS - CSAS - Request for a sole source award to Chemical Awareness and Treatment Services, Inc. in the amount of $60,000 for the term July 1, 1995 through December 31, 1995 to maintain the provision of multi-diagnosis residential services previously provided at the Tom Smith Substance Abuse Treatment Center and allow the Department to issue a formal RFP for these services in the interim. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $2,338,826 in FY 1994-95).

(3.3) **DMS - CSAS -** Follow-up report on the status of the agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone (Mission Council) to provide bilingual education and counseling services to persons convicted of driving under the influence of alcohol and/or drugs. (DPH contracted with Mission Council for services totaling $125,586 in FY 1994-95).

(3.4) **CHS - AIDS -** Request for a sole source award in the amount of $100,000 per year, for the period of July 1, 1995 through December 31, 1998 and Contract Renewal, in the amount of $234,596, for the period of July 1, 1995 through June 30, 1996 with San Francisco AIDS Foundation/HIV Prevention Project/Prevention Point for syringe exchange services. The total contract amount is $334, 596. (DPH contracted with S.F. AIDS Foundation for services totaling $4,117,127 in FY 1994-95).

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) CONSIDERATION OF A RESOLUTION FOR THE SAN FRANCISCO HIV PREVENTION PLAN

6) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

SAN FRANCISCO
HEALTH COMMISSION

July 25, 1995

The Minutes for this meeting are missing.

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Sharon Gadberry, Ph.D.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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PUBLIC NOTICE

HEALTH COMMISSION MEETINGS IN AUGUST AND SEPTEMBER 1995

August 1, 1995
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

August 22, 1995
(Not August 15, 1995)
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

September 5, 1995
Annual Laguna Honda Hospital Report
3:00 p.m.
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

September 19, 1995
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

101 Grove Street San Francisco, CA 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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CITY AND COUNTY OF SAN FRANCISCO
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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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/95

AGENDA

HEALTH COMMISSION MEETING

August 1, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

BUSINESS-SCIENCE
DOCUMENTS DEPT.

JUL 29 1995

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 11, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

NOTE: **Due to a lack of quorum on July 25, 1995, items #3.1 to #3.3 were only discussed. Action will be taken on August 1, 1995.**

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

(3.2) DMS - CSAS - Request for a sole source award to Chemical Awareness and Treatment Services, Inc. in the amount of $60,000 for the term July 1, 1995 through December 31, 1995 to maintain the provision of multi-diagnosis residential services previously provided at the Tom Smith Substance Abuse Treatment Center and allow the Department to issue a formal RFP for these services in the interim. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $2,338,826 in FY 1994-95).

(3.3) DMS - CSAS - Follow-up report on the status of the agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone (Mission Council) to provide bilingual education and counseling services to persons convicted of driving under the influence of alcohol and/or drugs. (DPH contracted with Mission Council for services totaling $125,586 in FY 1994-95).

(3.4) CHS - AIDS - Request for a sole source award in the amount of $100,000 per year, for the period of July 1, 1995 through December 31, 1998 and Contract Renewal, in the amount of $234,596, for the period of July 1, 1995 through June 30, 1996 with San Francisco AIDS Foundation/HIV Prevention Project/Prevention Point for syringe exchange services. The total contract amount is $334,596. (DPH contracted with S.F. AIDS Foundation for services totaling $4,117,127 in FY 1994-95).

(3.5) Modification to an existing agreement between the State Department of Health Services and the Department of Public Health to accept and expend $1,137,500 to develop a MediCal Managed Care Local Initiative for the period June 1, 1994 to December 31, 1995, and modification to the sole source contract with Progress Foundation as the fiscal agent for the Local Initiative. Modification will reduce the amount of the agreement to $1,083,334 and extend the terms of the agreement from June 1, 1994 to May 30, 1996.

(3.6) CHS - Supplemental Appropriation in the amount of $419,143 in General Funds to support replacement of positions participating in a Federal Retraining Grant jointly submitted by SEIU and the Department of Public Health, and funded by the U.S. Department of Labor.

(3.7) CHS - Supplemental Appropriation to reappropriate existing salary dollars in the amount of $143,379 to replace a Medical Director, DPH position, with a Medical Director, EMS Agency position, within Community Health.

(3.8) Requesting approval to apply for, accept and expend a grant allocation in the amount of up to $8,971,844 from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the term FY 1995-96.

(3.9) Requesting retroactive approval to accept and expend a grant award in the amount of $88,145 fron the Redevelopment Agency of the City and County of San Francisco to provide housing opportunities for persons with AIDS (HOPWA) services for the term May 22, 1995 through June 30, 1996.

(3.10) AIDS - New contract with Polaris Research and Development, in the amount of $132,101, to provide technical and logistical support to the HIV Prevention Planning Council, for the period August 1, 1995, through December 31, 1995. (DPH contracted with Polaris for services totaling $145,951 in FY 1994-95).

(3.11) CHS - CPHS - Multiyear contract renewal with International Institute of San Francisco, in the amount of $351,800 per year, to provide preventive health services to refugees and new immigrants, and health screening services for newly arrived refugees, for the term October 1, 1995 through September 30, 1999. (DPH contracted with International Institute for services totaling $387,090 in FY 1994-95).

(3.12) SFGH - New contract with Barnes Clarke, Inc., the lead agency in a collaboration involving Wright Creative Associates, Turner Associates, Don Quijote Productions, and Kiyomura-Ishimoto, in the amount of $269,400, to provide strategic marketing services, which include but are not limited to neighborhood-based advertising, site-specific marketing, mailings targeted to Medi-Cal recipients, multilingual collateral materials, and marketing materials for clinics in the Community Health Network for the period August 1, 1995 through July 31, 1996.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

5) CONSIDERATION OF A RESOLUTION FOR THE SAN FRANCISCO HIV PREVENTION PLAN

6) PRESENTATION AND CONSIDERATION OF POLICIES RELATED TO THE MENTAL HEALTH REHABILITATION FACILITY

- CONSIDERATION OF A RESOLUTION RELATED TO CONTRACTING OUT, FINANCING, AND LICENSING OF THE MENTAL HEALTH REHABILITATION FACILITY

7) OTHER BUSINESS/PUBLIC COMMENTS*

8) EXECUTIVE SESSION

PURSUANT TO GOVERNMENT CODE SECTION 54956.9(B)(1), TO DISCUSS LEGAL ISSUES RELATING TO THE DECLARATION OF A LOCAL EMERGENCY FOR THE OPERATION OF A NEEDLE EXCHANGE PROGRAM

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Departme of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will b honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 1, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow. M.D.
Commissioner Sharon Gadberry, Ph.D. (arrived at 4:10 p.m.)
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Michael D. Shriver

Absent: Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 11, 1995

Action Taken: The Commission unanimously adopted the minutes of July 11, 1995.

President Jackson announced the following dates for Commission meetings:

August 22, 1995
(Not August 15, 1995)
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

September 5, 1995
Annual Laguna Honda Hospital Report
3:00 p.m.
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

September 19, 1995
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

Note: Items #3.1, #3.2 and #3.3 were discussed in a committee of the whole on July 25, 1995, with Commissioners Jackson, Chow and Castaneda present.

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

Gloria Sandoval provided an update on services in the Tenderloin and reported that Shanti's debt repayment to the City is in the process of arbitration. She will give an update on August 22, 1995

Public Speaker: Hank Wilson, Ambassador Hotel, supports an RFP process and opposes a sole source contract to the present contractor.

Norm Nickens, AIDS Office, reported that this contract will go out to bid in an RFP process.

Commissioner Castaneda thanked Mr. Wilson for bringing his issues to the Commission.

(3.2) **DMS - CSAS** - Request for a sole source award to Chemical Awareness and Treatment Services, Inc. in the amount of $60,000 for the term July 1, 1995 through December 31, 1995 to maintain the provision of multidiagnosis residential services previously provided at the Tom Smith Substance Abuse Treatment Center and allow the Department to issue a formal RFP for these services in the interim. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $2,338,826 in FY 1994-95).

(3.3) **DMS - CSAS** - Follow-up report on the status of the agreement with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone (Mission Council) to provide bilingual education and counseling services to persons convicted of driving under the influence of alcohol and/or drugs. (DPH contracted with Mission Council for services totaling $125,586 in FY 1994-95).

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This item was continued to the August 22, 1995 agenda so that Commissioners Gadberry and Monfredini could be briefed in Executive Session on legal issues relating to the Needle Exchange Program.

(3.5) Modification to an existing agreement between the State Department of Health Services and the Department of Public Health to accept and expend $1,137,500 to develop a MediCal Managed Care Local Initiative for the period June 1, 1994 to December 31, 1995, and modification to the sole source contract with Progress Foundation as the fiscal agent for the Local Initiative. Modification will reduce the amount of the agreement to $1,083,334 and extend the terms of the agreement from June 1, 1994 to May 30, 1996.

This item was postponed to August 22, 1995.

(3.6) CHS - Supplemental Appropriation in the amount of $419,143 in General Funds to support replacement of positions participating in a Federal Retraining Grant jointly submitted by SEIU and the Department of Public Health, and funded by the U.S. Department of Labor.

The Commission discussed this item after Commission Gadberry arrived.

(3.7) CHS - Supplemental Appropriation to reappropriate existing salary dollars in the amount of $143,379 to replace a Medical Director, DPH position, with a Medical Director, EMS Agency position, within Community Health.

(3.8) Requesting approval to apply for, accept and expend a grant allocation in the amount of up to $8,971,844 from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the term FY 1995-96.

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(3.12) SFGH - New contract with Barnes Clarke, Inc., the lead agency in a collaboration involving Wright Creative Associates, Turner Associates, Don Quijote Productions, and Kiyomura-Ishimoto, in the amount of $269,400, to provide strategic marketing services, which include but are not limited to neighborhood-based advertising, site-specific marketing, mailings targeted to Medi-Cal recipients, multi-lingual collateral materials, and marketing materials for clinics in the Community Health Network for the period August 1, 1995 through July 31, 1996.

Action Taken: The Commission (Jackson, Chow, Castaneda, Kaufman, Shriver) approved items #3.1, 3.2, 3.3, 3.7, 3.8, 3.9, 3.10, 3.11 and 3.12.

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Kaufman, Shriver) approved item #3.6.

Items #3.4 and #3.5 were postponed to August 22, 1995.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

City Budget

Last week, the Board of Supervisors approved the City and County's FY 1995-96 budget. The total expenditure budget is $2.9 billion with $1.3 billion in General Funds. The Board adopted the budget without benefit of a finalized State budget. Depending upon the extent of budget reductions adopted by the Governor and the Legislature, passage of the State's 1995-96 budget may require City departments, the Mayor and the Board to propose mid-year adjustments in revenues which may impact current service levels.

The Department's FY 1995-96 budget includes a $500,000 deficit for child care expenses related to perinatal residential drug treatment programs. These programs enable mothers and their children to reside together while the mother participates in a substance abuse treatment program. The provision of child care is a key component in these programs. The Department anticipated covering this deficit with funding from the Mayor's Office of Children, Youth and Their Families (MOCYF) and unexpended DPH substance abuse treatment funds from last fiscal year. Recently, the MOCYF has notified the Department that it has no unallocated funding to support this service. The Department will work with the Mayor's Office to identify FY 1995-96 funds to offset this deficit and continue child care services at these residential drug treatment programs.

State Budget

The Governor and the Legislature have not come to consensus on the State's 1995-96 budget, which began July 1, 1995. The State Senate has approved a budget but the Assembly continues to work to achieve a budget compromise. At this point, we believe the major impact of the budget as approved by the Senate is the elimination of prenatal care for undocumented women. The Department estimates this loss of Medi-Cal revenues to be approximately $2.3 million for FY 1995-96.

Indications are that the State budget may be approved by the end of this week. The issue of funding for prenatal care remains a critical component in the Assembly-Governor debate as Los Angeles County would stand to lose approximately $58 million thereby significantly exacerbating their local deficit.

The Governor's budget proposal does maintain Medi-Cal substance abuse treatment services. Finally, the State budget proposes to reduce welfare benefits by 4.9% and 9.8% in urban and rural areas, respectively. These reductions will likely ultimately result in lowering the health status of individuals on public assistance. Reduced benefits will make it increasingly difficult for public assistance recipients to maintain or secure housing and/or ensure that they have proper nutrition.

The State's budget trailer bill includes a number of health-related items which will have some impact on the Department's revenues. Below is a summary of the proposals:

- Transitional Inpatient Care Services: The Governor is proposing to create a new sub-acute program for Medi-Cal recipients who require short-term medically complex or/and intensive rehabilitation services -- transitional inpatient care. A new Medi-Cal transitional inpatient care reimbursement rate would also be created. This rate would be lower than the current acute care rate but higher than the current distinct part skilled nursing rate. The Governor estimates that this proposal would save $120 million annually in federal MedicAid and State Medi-Cal expenditures. The Department's preliminary estimate is this proposal would result in a $1 million reduction in Medi-Cal revenues to San Francisco General Hospital. Laguna Honda Hospital would not be affected by this proposal. The proposal would allow the State to "declassify" an acute care reimbursement even though that level of service was provided. More importantly, the establishment of a new Medi-Cal rate for transitional care might threaten the Department's ability to retain our current $24 million in net disproportionate share funding by reducing the number of inpatient days which meet the definition of disproportionate share days.

- FQHC Reimbursement Under Managed Care: The State is proposing to shift the risk for FQHC interim rate reimbursement from itself to Local Initiatives and commercial plans contracting with the State under Medi-Cal Managed Care. Health plans would be required to reimburse FQHCs their interim rate reimbursement or a capitation rate which is equivalent to their interim rate reimbursement. However, Local Initiatives believe that the capitation rates offered by the State do not accurately reflect the current cost of services provided by FQHCs. Medi-Cal Managed Care counties have proposed an alternative which would require the State to reimburse Local Initiatives for the cost of FQHCs if those costs exceed 10% of the amount that the State included in the Local Initiative capitation rate for FQHCs. If the State is correct in its claim that the FQHC rates are included in the capitation rate, then the State would not incur additional expenditures under this proposal. It is my understanding that this proposal is being reviewed by the State Department of Health Services.

- Disproportionate Share Funding Formula: The California Association of Public Hospitals (CAPH) has proposed an adjustment in the current formula for disproportionate share provider funding. Currently public hospitals, U.C. hospitals and district hospitals contribute funds to the State that are then matched by the federal government. These matched funds are then distributed to public and private hospitals throughout the State. Over the past four years, the level of disproportionate share funding received by private hospitals nationwide has increased 122%

although they contribute no funds to the program. CAPH's proposal would reduce private hospital share in disproportionate funding revenues by $100 million. The $100 million presently received by private hospitals would be redistributed to public hospitals. Even if this proposal is ultimately rejected by the Legislature, it begins an important dialogue with regard to restructuring the DSH formula.

MANAGED CARE

Health Care Options

The State Department of Health Services has informed the City that it will implement "default enrollment" into managed care plans effective October 1, 1995. Under default enrollment, a Medi-Cal beneficiary who elects not to enroll in a managed care plan and also does not indicate a fee-for-service provider would be assigned to a managed care plan and receive a primary care provider through the health plan.

The State currently has a waiver to implement default enrollment, but this waiver expires November 27, 1995. The State has informally indicated its intent to seek an extension of this waiver to continue default enrollment beyond this date. This extension would be needed if the State's two-plan model waiver (which includes default enrollment) is not approved by HCFA on December 1, 1995.

The Department will work closely with all interested parties to ensure that the Health Care Options information distributed to beneficiaries fully informs them of their choices during this interim period. The Department believes that it is important to maintain current provider/patient relationships and to ensure that the transition to Medi-Cal managed care is neither confusing nor overly disruptive to beneficiaries.

Foundation Health

The State Department of Health Services has approved the April 1995 settlement agreement against Foundation Health. As you may recall, Medi-Cal recipients who were fraudulently enrolled into Foundation Health due to misrepresentations in door-to-door marketing filed an injunction against Foundation Health and the State DHS. As a result of the settlement, plaintiffs have agreed not to seek their injunction.

The settlement requires Foundation Health to take the following actions:

- Mail disenrollment forms to all San Francisco beneficiaries who are enrolled in Foundation Health effective March 1995 (the forms are in English, Spanish, Cambodian, Vietnamese and Cantonese).

- Assign designated staff to handle San Francisco disenrollment requests and to process the requests within five business days.

- Provide written notice to all San Francisco Medi-Cal beneficiaries enrolled in Foundation Health that: (1) membership is voluntary, (2) disenrollment may be done via mail or via telephone for expedited service, and (3) beneficiaries can apply for reimbursement for any out-of-pocket expenses paid while enrolled in Foundation Health. This notice will be available in English, Spanish, Cambodian, Vietnamese and Cantonese.

ADMINISTRATION

Job Training Partnership Act, Title III, Demonstration Program: Health Care Workers Retraining Program

Last February I announced to the Commission that the Department had joined in a collaborative effort with SEIU and San Francisco State University to apply to the Department of Labor for a retraining grant. The grant represents a unique opportunity to assist workers whose jobs may be at risk and provide training for new jobs which may be created as a result of health care reform.

I am pleased to announce that the Department of Labor has funded the grant in the amount of $471,810. The Mayor's Office has also committed $500,000, for which we will be submitting a Supplemental Request, to fund the hiring of replacements for workers who are in training during their regular work hours.

We will be working closely with SEIU and SFSU during the next year implementing and managing the program. I will also periodically update the Commission on our progress.

MOU with Teamster's Union

The Health Department has reached agreement with Local 856 of the Teamster's Union, which represents approximately 170 supervisory and management nurses, on a new Memorandum of Understanding for Fiscal Year 1995-96. Under the Agreement, the supervisory nurses will receive the same wage and retirement pick up benefits as that which was agreed to between the City and the Municipal Executives' Association. Specifically, the supervisory nurses will receive wage increase of 1% on July 1, 1995 and an additional 1% on January 1, 1996. In addition, the City pick-up of the employee's retirement contribution will be 1-1/2% on October 1, 1995 and an additional 1-1/2% on April 1, 1996. On behalf of the Commission, I would like to thank Departmental and Teamster representatives and the supervisory nurses for reaching this agreement.

MFAC Managerial Excellence Awards

The Mayor announced the call for nominations for the 1995 Public Managerial Excellence Awards last month. This program is sponsored by the Mayor's Fiscal Advisory Committee (MFAC), the San Francisco Planning and Urban Research (SPUR), and the San Francisco Chamber of Commerce. Managerial Excellence Awards recognize and celebrate the accomplishments of those managers who serve the public with distinction and excellence. These awards are especially important during difficult and challenging times like those we face today.

For this year, DPH has nominated the following managers:

- Phyllis Harding, Senior Associate Administrator, SFGH
- Tangerine Brigham, Assistant Director, Planning and Policy Division
- Dr. Mitchell Katz, Director, Bureau of Epidemiology, Disease Control and AIDS
- Computer Project Implementation Team from Laguna Honda Hospital, headed by Dennis Sato, Chief Information Officer
- Karen Cohn, Program Manager, Childhood Lead Prevention Program

SAN FRANCISCO GENERAL HOSPITAL

SFGH Ranked No. 1 Hospital in US for AIDS Care - Fifth Year in a Row

Mayor Jordan joined officials from SFGH and the Department of Public Health to celebrate San Francisco General's ranking as the Number 1 AIDS hospital in America by *U.S. News and World Report* on Wednesday, July 19th. This is the 5th consecutive year the hospital has earned this honor.

Violence Prevention Awareness

The 2nd Annual Violence Prevention Awareness Day Education Fair was held on Wednesday, July 19th at SFGH. Over 45 community agencies participated, distributing information about services and resources for both victims of violence as well as many of the prevention efforts currently underway in the City. The participation of the San Francisco Police Department Mounted Patrol and the SFGH Paramedic Division was of particular interest to many of the neighborhood children who attended. The event was highlighted by a visit from Mayor Frank Jordan who presented the Violence Prevention Task Force with a proclamation declaring July 19th as Violence Prevention Day in the City.

Association of Nurses in AIDS Care

Anne Hughes, Clinical Specialist for HIV at San Francisco General Hospital, has been elected President-Elect of the Association of Nurses in AIDS Care. She will be sworn in at the ANA meeting in Boston in September 1995 and will serve during the 1996-1997 year. She has been a member of the ANAC board since 1993 and has been central to the development of the AIDS Core Curriculum which will serve as a certification program for nurses in HIV/AIDS care. Anne has played a leadership role in guaranteeing the quality of HIV nursing at SFGH.

Recognition

The San Francisco Giants and Channel 2 have given Diane Jones, Head Nurse of the AIDS/Oncology Special Care Unit at San Francisco General Hospital, their "Giant In the Community" award in recognition of her role as one of the founders of the AIDS ward in 1983. In honoring her, they are honoring all the nurses who have made 5A the leading AIDS ward in the country by setting a standard of care based on respect, advocacy and clinical expertise. Channel 2 has filmed a segment involving staff and patients which will be shown on ***Mornings on 2, Friday, August 4th*** and the award will be presented at that night's Giants Game at Candlestick Park.

Health Fair at SFGH

PacifiCare and SFGH sponsored a Health Families Fiesta on Saturday, July 29th on the front lawn of SFGH. Among the many activities, the family-oriented event included free health screenings, china lead safety test, "Ask the Doctor" medical advice booths, a bike rodeo, games for children, music, food vendors and a live remote broadcast over radio station KIQI. Crowd estimates were around 800. PacifiCare enrolled 80 new members and will be pursuing over 200 new leads. The marketing committee is now considering a fall health fair to follow up the success of Saturday's.

Occupational Health Services

The Occupational Health Service Clinics continue at a high level of activity. Recently, the SFGH clinic began monitoring the number of Physical Therapy referrals made to local physical therapy providers. The number of such referrals is significant and could support an additional physical therapy position at San Francisco General Hospital. This option is being explored. Staff is also looking at the possibility of using a currently vacant space on the first floor of Building 9, immediately below the OHS clinic, for on-site physical therapy.

The value of having pre-placement and other employment related medical services in the same clinic with Workers' Compensation is being realized in other ways. It came to our attention recently that an increasing number of employees are developing latex allergies. The OHS clinics are now developing a formal surveillance program for latex allergy and the clinic's medical staff has initiated and is actively participating in policy discussions regarding this issue. Clinic staff are also coordinating treatment and assisting in the development and implementation of modifications that may allow these employees to return to work.

Finally, the UCSF Division of Occupational and Environmental Medicine is seeking a grant from the National Institute of Occupational Safety and Health (NIOSH) for the study of upper extremity repetitive strain injuries. These injuries make up a significant percentage of all industrial injuries and are particularly problematic in the City and County of San Francisco. Should grant funds be awarded, the City could realize significant benefits including increased access to ergonomic evaluations and additional resources to identify the indirect costs associated with lost time injuries.

Diversion Statistics
The Critical Care diversion for the period July 1 through July 27, 1995 was 129 hours and 20 minutes or 20%. The average census at time of diversion was 21 patients. The total ED diversion was 14 hours.

LAGUNA HONDA HOSPITAL

Skilled Nursing Ward

I am pleased to announce that Laguna Honda Hospital's 30-bed Skilled Nursing Ward opened the first week of July and, as of July 28th is 75% filled. Net projected revenue for the new ward is $700,000.

Occupancy Rate

Laguna Honda Hospital had the highest occupancy rate in recent history of 1167 patients, eight patients short of Fiscal Year 1995-96 budgeted number of 1175.

I have signed, on behalf of the governing body, medical staff application for the following Laguna Honda medical staff:

Monica Bachero-Hasson, M.D.
Peter Lindenauer, M.D.
Frederick Masoudi, M.D.
Kateri Murray, M.D.

COMMUNITY PUBLIC HEALTH SERVICES

Ryan White Reauthorization

On Thursday, July 27th, the United States Senate passed the Ryan White (CARE) Reauthorization Act of 1995, S.641, by a vote of 97-3. Senators Helms and Kassebaum were successful in attaching several restrictive amendments, among them prohibiting promotion of non-traditional lifestyles, sexual activity and illegal drug use. Kassebaum also sponsored an amendment allocating an additional $10 million non-CARE Act funds to support and encourage counseling programs and voluntary testing of pregnant women in the eleven states with the highest incidence of HIV/AIDS. A House vote on reauthorizaton has been delayed by attempts to resolve calls for mandatory testing of pregnant women or newborns. San Francisco anticipates a level funding under CARE in FY 1996-97.

World Breastfeeding Week

The first week in August is World Breastfeeding Week. Mayor Jordan will be proclaiming August Breastfeeding Awareness Month in San Francisco to increase awareness of the benefits of breastfeeding among health care providers.

In San Francisco, very few low income infants are exclusively breastfed. Breastfeeding lowers health care costs by improving infant health and survival.

DIVISION OF MENTAL HEALTH SERVICES

18th Street Services and Operation Concern Merger

The Department continues to provide technical support to Operation Concern and 18th Street Services in their merger negotiations. Both entities remain committed to the merger. The merger negotiations team has made significant progress towards resolving several outstanding issues. All parties are excited about the opportunity to form a new organization in the gay and lesbian community that will continue the tradition of mental health and substance abuse services in this community. In the upcoming weeks, the boards of both organizations will meet to approve the merger agreement and address organizational and legal issues of the new agency. The merger negotiations team will provide regular progress reports to the staff of both agencies as this merger proceeds.

FORENSICS SERVICES

Rape Treatment Center (RTC)

The Department is in the process of finalizing an investigation into potential abuse of pay and scheduling practices by Rape Treatment nurses. The Commission should be aware that we have a very unique nurse staffing plan in the RTC and there are a very small number of employees involved in the investigation. Our major concerns fall in three areas: 1) potentially fraudulent reporting of time (i.e. calling in sick at RTC and working that same shift somewhere else in our system); 2) lack of systems for cross-referencing RTC's personnel among the four; 3) issue of decentralized payroll divisions within DPH; 4) reviewing the optimal staffing configuration for all RTC clinical and programmatic components. I will continue to update you on the status of these issues as they are addressed and resolved. The Commission should be aware that RTC nurses do have specialized state training (SANE) to perform the unique functions of assessing rape victims and the collection of evidence at the time of this clinical examination

June statistics are available at the Commission Office.

Commissioner Chow requested clarification on the AIDS and Hepatitis A statistics.

Commissioner Shriver requested a letter of appreciation be sent to the S.F. AIDS Foundation and Marilyn Berry Thompson, San Francisco's Washington lobbyst, for their work on the Ryan White CARE funding.

5) CONSIDERATION OF A RESOLUTION FOR THE SAN FRANCISCO HIV PREVENTION PLAN

Dr. Mitch Katz, Director of Epidemiology, Disease Control and AIDS, presented a proposed resolution requested by the Health Commission following a presentation by the HIV Prevention Planning Council.

Commissioner Chow congratulated the AIDS Office and the HIV Prevention Planning Council for their fine work.

Action Taken: The Commission (Jackson, Chow, Castaneda, Kaufman, Shriver) adopted Resolution # 19-95, "Supporting HIV Prevention Plan", (see Attachment A).

The Commission went into Executive Session at 3:30 p.m. and came out at 4:00 p.m.

8) EXECUTIVE SESSION

PURSUANT TO GOVERNMENT CODE SECTION 54956.9(B)(1), TO DISCUSS LEGAL ISSUES RELATING TO THE DECLARATION OF A LOCAL EMERGENCY FOR THE OPERATION OF A NEEDLE EXCHANGE PROGRAM

Action Taken: The Commission (Jackson, Chow, Castaneda, Kaufman, Shriver) elected to disclose no information from the Executive Session.

The Commission continued this item to August 22, 1995 so that Commissioners Gadberry and Monfredini could be briefed in an Executive Session.

6) PRESENTATION AND CONSIDERATION OF POLICIES RELATED TO THE MENTAL HEALTH REHABILITATION FACILITY

Jo Ruffin, Mental Health Associate Director of Systems of Care; Phyllis Harding, SFGH Administrator; and Monique Zmuda, Acting Chief Financial Office of the Department of Public Health, made presentations on the three policy issues, (see Attachment B):

Licensing
Operations of the Clinical Program
Financial Plan

President Jackson stated that a specific contractor is not the issue being considered today, only the policy issue of contracting out. Any proposed contract has to come to the Commission for approval.

Dr. Hernández reported that this agenda item had been postponed for two Commission meetings so that meetings between the Department and Labor representatives could take place.

- **CONSIDERATION OF A RESOLUTION RELATED TO CONTRACTING OUT, FINANCING, AND LICENSING OF THE MENTAL HEALTH REHABILITATION FACILITY**

Public Speakers:
In opposition to contracting out:

Paul Varacalli, SEIU Joint Council
Willie Cooper, SEIU 250
Shirley Armintrout
James Bryant, SEIU 790
Teresita Gatan, SEIU 250
Joel Silver, SEIU 790
David Williams, SEIU 535
Inez Banks, SEIU 250
Dale Butler, SEIU 250
Sally Buchman, Local 790
Michael Lyon, ASCME
Ed Kinchley, SEIU 790
Robert C. Dotson, Jr., SEIU 790, MUNI
Cedric H. Smith, Local 790
Pat Lee, Local 790
Jano Oschewitz, SEIU 790

In support of contracting out:

Dave Fariello, Tenderloin Clinic/Citywide Case Management
John Nickens, Ph.D., Progress Foundation
Karen Patterson-Matthew, Bayview Hunters' Point Foundation
Lonnie Hicks, Family Service Agency

In support of consumers:

Steve Leoni

Commissioners Jackson and Shriver pointed out the need to specifically include the increase of adolescent beds from 15 to 30 in the resolution.

Commissioner Shriver emphasized the priority for patient care. He also stated he would not support releasing to the public copies of bids for the RFP prior to awarding the contract.

Commissioner Gadberry expressed the need to move forward and not delay the licensing and opening of this R-Facility.

Commissioner Chow encouraged the Department to continue dialogue with labor but not to delay the licensing process nor the Department's timetable.

Dr. Hernández commented that issues of quality of care, staffing patterns, costs, accountability, and affirmative action will all be considered with any contractor proposed by the Department.

Action Taken: The Commission (Jackson, Chow, Gadberry, Kaufman, Castaneda, Shriver) adopted Resolution # 20-95, "Authorizing the Department of Public Health to Proceed with Licensure of the Mental Health Rehabilitation Facility, to Contract Out Selective Psychiatric Skilled Nursing Services, and to Approve the Financing Plan for the Rehabilitation Facility", (see Attachment C), with amendments reflecting the Commissioners' concerns.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 19-95

SUPPORTING HIV PREVENTION PLAN

WHEREAS, the Centers for Disease Control and Prevention, and the AIDS Office of the Department of Public Health, have determined that participatory community planning is an essential component of effective HIV prevention programs; and,

WHEREAS, to implement the process of community planning the Department of Public Health's AIDS Office has established a thirty-seven member HIV Prevention Planning Council, comprised of experts in the field of prevention, including behavioral scientists; epidemiologists, health planners, representatives of state and local health departments, state and local education agencies and other relevant governmental agencies, representatives of community based organizations; and representatives, including persons at risk for HIV infection or already infected, who reflect the population characteristics of the current and projected HIV epidemic in San Francisco; and,

WHEREAS, the HIV Prevention Planning Council was charged with the responsibility to develop a comprehensive HIV prevention plan, describing the current and projected status of the AIDS/HIV epidemic in San Francisco, including the status of prevention resources, identification of high impact strategies and interventions designed to reduce the transmission of HIV, establishment of a process for developing priority setting criteria, provision of technical assistance to the AIDS Office and community based organizations, and establishment of goals and objectives regarding the development and delivery of prevention services for the AIDS Office and community based providers; and,

WHEREAS, the comprehensive plan developed by the HIV Planning Council articulates a shift in the process by which future prevention resources will be allocated and targeted, requiring that prevention providers document that they are targeting and reaching individuals whose behaviors put them at risk for HIV infection; and,

WHEREAS, the comprehensive plan requires a standardization of data collection, provides for greater accountability and collaboration between providers and with the Department of Public Health's AIDS Office; and

WHEREAS, the principal themes and underlying philosophy of the comprehensive plan reflect views and participation of a broad-based and diverse groups of individuals and providers dedicated to reducing the spread of HIV infection; now, therefore, be it

RESOLVED, that the goals, objectives and recommendations contained in the comprehensive prevention plan are hereby endorsed and supported by the Health Commission.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 1, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco
Department of Public Health

Date: August 1, 1995

To: President Arthur Jackson and
Members of the Health Commission

From: Sandra Hernández, M.D.
Director of Health

Re: Policy Recommendations Relating to Mental Health Rehabilitation Facility

The Department is pleased to present you with recommendations for opening and operating our new Mental Health Rehabilitation Facility. There are three major policy issues that the Department presents for the Commission's consideration and approval. These policy areas are:

- I. Licensing the Facility
- II. Operations of the Clinical Programs
- III. Financing Plan: Proposed Expenditures and Revenues

The following provides a summary of these three policy areas.

I. Mental Health Rehabilitation Facility Licensing Recommendations:

A. Adolescent Sub-acute Program (AIRS Program)

Recommendation: Level 14 Group Home for 15 beds of the current facility. At its meeting of June 20, the Health Commission approved the relocation of Seneca's AIRS program from its existing site to the Rehabilitation Facility.

Program Administration: DMS would administer and monitor the Seneca/Langley Porter contract and would have ultimate responsibility for the provision of adolescent subacute services within the facility. The program would be part of the mental health continuum of care for children services within DMS. The day to day operation of this program would be the responsibility of the contractor including applying for and receiving Level 14 Group Home licensing from the State Department of Social Services and

Central Office 101 Grove Street San Francisco, CA 94102

certification from the State Department of Education. The contractor would enter into a leasehold agreement with the City in order to rent the space at the R-Facility. The terms of the leasehold agreement would correspond to the contract period. Both will be subject to Health Commission annual reviews and approval. This agreement will delineate the responsibilities of the Department and the contractor regarding the facility space.

Reimbursement: The program would be funded through reimbursement from the State Department of Social Services for the Group 14 license, and the State Department of Education, and from existing children's mental health dollars. The funding for this program is currently in the 95-96 budget. No additional budget adjustments will be required.

B. Adolescent Sub-acute SNF Capacity

Recommendation: Configure the bed mix in the facility to allocate 15 beds for adolescents within the SNF program. These additional 15 adolescent beds can be accommodated adjacent to the AIRS program within the R Facility. The Department recommends that these beds be licensed, together with the adult beds, as a distinct part SNF under the license of San Francisco General Hospital.

Under this proposal, the Rehabilitation Facility would serve up to 30 adolescent clients: 15 clients would be served in the AIRS unlocked residential program and 15 adolescents would receive locked skilled nursing services. This proposed client mix differs from the original program design, where 170 adult and geriatric clients were proposed to be served in the Rehabilitation Program. However, expansion by 15 beds for the adolescent population is justifiable based on clinical need among our target population of clients.

The Department has consulted with the Mental Health Board of the possibility that the client mix may be changed from the original design. No problems were voiced with the Department's proposal. The Department has begun discussions with individuals on the R Facility Planning Committee regarding the change in client mix. A meeting with the whole committee to discuss the reconfiguration of the client mix within the facility will be held over the next few weeks.

Program Administration: The SNF Adolescent Unit would be managed by existing Children's Mental Health administration, and will be in accordance to JCAHO requirements of SFGH. This program administration will be consolidated with that of the adult SNF program, which is addressed in the next section of this report.

Reimbursement: Under a distinct part SNF license, Federal Medicaid will reimburse for the SNF costs for Medi-Cal eligible clients under the age of 22. As such, we estimate that nearly all of the costs incurred for providing locked skilled nursing mental health treatment to adolescents in this program will be reimbursed at cost. Any costs not covered will be funded through reallocations of existing dollars within the Children Mental Health budget and funds already allocated for adolescent Napa beds.

C. Adult and Geriatric SNF Program

Recommendation: Distinct Part Skilled Nursing Program under the license of San Francisco General Hospital.

Program Administration: A joint management model is proposed with DMS and SFGH. The Division of Mental Health's Associate Director for Systems of Care would have responsibility for developing the target population requirements, and the treatment and clinical parameters for the program so that they are consistent with the DMS continuum of care. A DPH administrator will be appointed to manage the R-Facility programs on the SFGH campus and will serve as the on-site contract manager. An MOU and annual budget would be developed jointly by both divisions. This MOU would include the administrative responsibilities and authority for both the adult and adolescent SNF programs.

SFGH would operate the program in accordance with JCAHO and State licensing requirements. Functions such as UR, quality assurance, medical staff services, nursing services, and medical records will be developed and integrated into the Hospital's systems.

The MIS for the program is currently under development by DMS with participation from SFGH to insure that the systems properly interface with the existing hospital and mental health systems. The MIS staff will be managed and supervised by the DMS MIS manager.

Reimbursement: The licensing of distinct part SNF would provide reimbursement for adult clients who are over 64 years of age. It is anticipated that approximately 30 geriatric patients would be served at the program per day. The proposed mix of adolescent and geriatric clients will provide Medicaid/Medicare reimbursement for approximately 26% of the total program cost.

The enclosed resolution would allow the Department to proceed with obtaining the needed licenses from the State, and would require that the Department develop a plan specifically delineating the responsibilities of managing and administering the programs within the Rehabilitation Facility that is consistent with all State licensing requirements.

II. Mental Health Rehabilitation Facility: Operation of Clinical Programs

Under State statute, San Francisco County must make decisions on allocations of funding to providers based on the most cost-effective use of available resources to maximize overall client outcomes. Accordingly, after significant analysis and consultation, the Department recommends that parts of the program be performed through contract, and parts of the program be performed through civil service staff. This recommendation is based on the cost of providing the different components of the program, and the availability and experience of contract and in-house expertise to provide management, clinical, programmatic, and operational functions.

We recommend that the adult and adolescent clinical programs be contracted out for a two-year initial period. The Department also recommends that the pharmacy and laboratory services be contracted out. In other areas, the Department recommends that civil service employees be used to provide needed services in the R-Facility. Specifically, the Department recommends that the management function and the medical staff services for the adult program be performed with civil service staff. We also recommend that dietary, housekeeping, security and plant maintenance functions for the entire facility be performed through in-house civil service staff as an extension of these functions at SFGH.

This recommendation is made for the following reasons:

- An experienced contractor is available who will be able to establish policies and procedures needed for licensing and operating the programs; and the Department does not currently provide locked psychiatric skilled nursing services for mental health patients. Therefore, the Department would need outside consultation and assistance to develop required new policies and procedures to meet accreditation standards.

- A contractor would have more flexibility to hire program staff thereby avoiding long start-up delays that are routine in City hiring. (e.g. hiring freezes, and delays in areas of development, review, and approval of personnel requisitions.)

- Contracting is consistent with a brokerage model of Mental Health whereby the Department's role is to assure access to quality services. Contracting out for mental health care is also consistent with State Law. [1] The Bronzan McCorquodale Act which sets forth State requirements relating to the provision of mental health services mandates contracting for services if no existing public resources and facilities provide the services, and available local private resources and facilities can provide services at least equal in terms or quality and cost to those that could be provided by new public resources and facilities. These conditions exist for the clinical component of the R Facility program.

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[1] Bronzan McCorquodale Act. Section 5652.5

- Contracting out the adult and adolescent programs is less costly than performing the services through civil service personnel. A comparison of civil service cost with contracted cost indicates that approximately $1,331,979 would saved in personnel costs alone through contracting with a private agency for the adult program, and $261,099 would be saved by contracting out the adolescent program. A detailed comparison of the cost differential between civil service and contract costs associated with the adult clinical program is provided on attachment 1.

- The Department recommends that the laboratory services be contracted out. Contracting out is preferable because the Department currently does not provide county operated lab services within SFGH or DMS and does not have the capacity at this time to develop this additional service.. The Department recommends that pharmacy services be contracted out because the Department currently does not have the experience or capacity to develop the pharmacy model which is needed for psychiatric skilled nursing care. A contractor could more readily provide pharmacy services consistent with State regulations.

- The Department's analysis indicates that the civil service costs to provide medical (physician) services would be less costly than to contract out this component. We estimate that 4 FTE will be required to provide physician coverage for the clients within the adult program. These civil service physicians will be hired by the Division of Mental Health. Credentialing and all other licensing requirements will be assured by SFGH Administration. If the Commission approves both the licensing and medical staff recommendations, the Department will complete a detailed plan to assure JCAHO compliance. This plan will be reviewed by the SFGH Joint Conference Committee prior to implementation.

- The cost analysis indicates that dietary and housekeeping services would be less costly through civil service than contracting out the services to a private vendor. These services could readily be integrated within the existing dietary and housekeeping departments at SFGH. Staff within these two existing units would be expanded to the extent required to provide services at the R Facility.

- The Department recommends that maintenance and security services be performed with existing civil service employees. Both functions are already integrated department wide, and the Department believes that these services could be easily integrated into Department-wide functions. Additional staff would be added to the existing department-wide units in order to provide needed maintenance and security.

Additional Contracting Considerations: UC Affiliation Agreement

The clinical focus of the program would be rehabilitation of sub-acute psychiatric clients so that they may return to a community setting. There will be no teaching program within the adult program. In the adolescent SNF program, the Department is exploring the possibility of implementing a small fellowship program in the R Facility with Langley Porter Children's Services.

It should be noted that according to the Affiliation Agreement with the University of California, UC has first right of refusal to operate the clinical programs at the R Facility, because of its location within the campus of San Francisco General Hospital. Since the Department recommends that the physician services for the adult program be performed in-house with civil service positions, UC's option is limited to providing the clinical (non-physician) services. We have written to the University requesting its response to this opportunity. We have been verbally notified that the University is not interested in operating the clinical programs at the R Facility. We are awaiting written confirmation.

Evaluation of Contracting out policy:

At the end of the two year contract period, the Department recommends that the staff evaluate the quality and cost effectiveness of the program components, and determine if any portions which are contracted out should be converted to civil service or vice versa.

The enclosed resolution for consideration by the Health Commission would allow the Department to proceed with contracting the program components of the R facility, and proceed with civil service operation of the physician and support services which are more cost effective through civil service. It also urges the Board of Supervisors to review and concur with the findings that the Department has identified a private provider that can provide clinical services at comparable quality and lower cost for the service areas recommended.

III. Financing the Mental Health Rehabilitation Facility - Expenditures and Revenues

The following provides a summary of the expenditure and revenue budgets to operate the facility on an annual basis.

Expenditures:

Adult Program Staffing Cost	$8,843,311
Administrative Services	281,000
Physician Services	398,121
Housekeeping	513,528
Security	235,020
Dietary	395,049
Adolescent Program - Sub-Acute	471,709
Adolescent Program - SNF Locked	1,405,357
Operating Budget	1,554,000
Total Expenditures:	$14,028,599

Revenues:

Existing Funding - Sub-acute Adolescent	471,709
Distinct Part SNF Reimbursement- Adol.	2,102,400
Re-allocation from Napa State Hospital	2,843,350
Re-allocation from IMD	2,873,050
Re-allocation from Inpatient	1,241,000
Distinct Part SNF Reimb,- Geriatrics	930,750
General Fund*	3,676,340
Total Revenues:	14,028,599

*$2.5 million for the current year is already approved in the 95-96 budget for operation on the program for a 7 month period.

Annual Expenditure Budget

The above budget for the annual operating cost of the facility provides our best estimates of the total program costs, prior to contract negotiations. The budget includes estimated salaries, fringe benefits and known operating costs.

The budget reflects an indirect cost from the contract bid which will be negotiated downward to reflect the level of administrative responsibilities which will be transferred to the Contractor. The expenditure budget reflects staffing requirements to include 15 additional beds of adolescent clients and 15 fewer adult beds.

Attachment 2 at the end of this report provides a comparison of cost between civil service and the Department's recommendation to contract out some services, and provide others inhouse through civil service.

Revenue Sources to Fund the R Facility:

The Department proposes that the facility and its programs be funded through its General Fund allocation, through the re-allocation of existing services and funds within the Department, and through new Medi-Cal revenues which will be reimbursed for the adolescent and senior clients served in the facility. The funds which would be re-allocated from existing programs are proposed to be transferred from Napa State Hospital, existing contracts with IMD's, and from the existing allocation of State funds to SFGH and private acute care hospitals providing acute psychiatric inpatient care. A summary of the proposed revenue sources to fund the operating costs of the R Facility is attachment 3 of this report.

Taken together, the Department's revenue plan will fund the annual operating costs of the program. We request that the Health Commission approve the estimated expenditure budget and proposed revenue/funding plan. The attached resolution would approve the Department's financing plan to operate the R facility.

Next Steps:

If the Commission approves the policy of licensing the facility as a distinct part SNF, then the Department will proceed with the State Department of Health Services to obtain needed licensing for the facility. The Department will also develop needed MOU and joint management proposals between DMS and SFGH in order to develop the administrative and oversight infrastructure necessary to meet JCAHO and licensing standards.

If the Commission approves the contracting out of portions of the programs as proposed, then the Department will begin its negotiations with the contractor(s) to develop a budget and implementation plan for the program. The Department anticipates that additional savings may accrue from the estimated program costs, depending on the final results of contract negotiations. The Department would present the contract to the Health Commission and to the Board of Supervisors for approval. Services would begin only after all approvals have been received.

The Department would monitor quality and patient outcomes on a continuous basis. In addition, the program would be reviewed at year end as required for contract renewal. After two years, the Department, in consultation with the Mental Health Board and Mental Health Quality Assurance Committee, will determine if the program should be modified, renewed, or converted to civil service.

If the Commission approves the proposed annual budget and funding plan for the program, then the Department will prepare a supplemental appropriation request which would shift existing funding to appropriate accounts, and would also add the new Federal reimbursement for the geriatric services within the program. The federal funds to support the adolescent program and the new General Fund support is already incorporated into our 1995-96 budget. As always, this supplemental appropriation and the final program budget would be presented for approval to the Commission prior to its submission to the Mayor and the Board of Supervisors.

Thank you for your consideration of this request. My staff and I will be available to answer any questions you may have at the Health Commission meeting.

Attachment 1

COMPARISON CIVIL SERVICE & CONTRACT
R-FACILITY

Class #	Title	FTE	CIVIL SERVICE SALARIES	BI-WEEKLY SALARIES	CONTRACT FTE	CONTRACT SALARIES	DIFFERENCE
1242	Personnel Assistant	1.000	44,996	1,724	1.000	30,160	14,836
1406	Unit Clerks	4.000	116,928	1,120	4.000	103,704	13,224
1424	Reception/Typist	1.400	40,523	1,109	1.400	34,664	5,859
1426	Clerk Typist	1.000	31,685	1,214	1.000	24,760	6,925
1426	Clerk Typist (Soc. Svc)	.500	15,843	1,214	.500	12,028	3,815
1446	Clinical Secretary	1.000	35,026	1,342	1.000	30,784	4,242
1635	Billing Clerk	1.750	57,094	1,250	1.750	55,744	1,350
1650	Financial Services Tech	1.250	45,479	1,394	1.250	36,816	8,663
1827	Business Svc. Manager	1.000	52,800	2,023	1.000	52,604	196
1842	Administrative Assistant	1.000	42,047	1,611	1.000	30,784	11,263
2110	Medical Records Asst.	1.000	32,756	1,255	1.000	29,844	2,912
2112	Medical Records Tech	1.000	36,958	1,416	1.000	32,032	4,926
2246	Clinical Director	1.000	63,266	2,424	1.000	68,016	(4,750)
2248	Executive Director	1.000	78,770	3,018	1.000	94,000	(15,230)
2320	LVN Unit Supervisor	25.200	1,383,843	2,104	25.200	1,112,362	271,481
2322	QA/QI Coordinator	1.000	71,827	2,752	1.000	55,680	16,147
2322	RN Supervisor	11.200	804,465	2,752	11.200	691,170	113,295
2323	Director of Staff Develop	1.000	73,237	2,806	1.000	55,680	17,557
2324	Assistant Dir. of Nursing	3.400	261,428	2,946	3.400	215,884	45,544
2366	Director of Nursing	1.000	92,994	3,563	1.000	62,691	30,303
2526	Transportation	3.800	194,194	1,958	3.800	98,520	95,674
2932	Dir of Soc Svcs/Clinical D	1.000	52,304	2,004	1.000	50,544	1,760
2550	Dir of Rehabilitation Svcs	1.000	59,090	2,264	1.000	48,589	10,501
2566	Rehabilitation Specialist	1.000	42,047	1,611	1.000	40,644	1,403
2566	Rehabilitation Therapist	6.000	252,283	1,611	6.000	220,896	31,387
2566	Rehabilitation Activity Le	8.400	353,196	1,611	8.400	217,780	135,416
2574	Psychologist/Clinical Dire	1.000	57,968	2,221	1.000	62,878	(4,910)
2302	MHW / CNA	72.800	2,639,211	1,389	72.800	1,987,726	651,485
2930	Social Worker (LCSW)	6.000	300,359	1,918	6.000	253,842	46,517
9924	Peer Counselor	2.000	46,458	890	2.000	44,512	1,946
	SUB-TOTAL	163.700	7,379,076		163.700	5,855,338	1,523,738
	MAND. FRINGE BEN	22.00%	1,623,397		31.00%	1,815,155	
	TOTAL		9,002,472			7,670,493	1,331,979

Comparison C.S. to Cont. & C.S.

Attachment 2

Service	Civil Service Staffing Costs	Department Recommendation: Combination Contract and Civil Service Program Costs	Difference
Adult Clinical Program	$9,002,472	$7,670,493	$1,331,979
Indirect Cost Allocation (1)	$1,665,457	$1,172,818	$492,639
Administrative Services	$282,000	$282,000	
Adult Physician Services	$398,121	$398,121	
Housekeeping	$513,528	$513,528	
Security	$235,020	$235,020	
Dietary	$395,049	$395,049	
Adolescent AIRS- Subacute (2)	$471,709	$471,709	
Adolecent Program- SNF Locked	$1,666,456	$1,405,357	$261,099
Plant Maintenance	$117,776	$117,776	
Operating Costs	$1,554,000	$1,554,000	
Total (3)	$16,301,588	$14,215,871	$2,085,717

Notes

(1) Indirect Costs for civil service is 18.5 %, consistent with the DMS approve indirect cost rate for 94-95.
Indirect costs for contractor is based on bid amount, which is subject to reduction in contract negotiations.

(2) The cost for the AIRS program is the contract amount in both budgets. No civil service estimates have been developed.

(3) Total costs are higher than the estimated budget due to indirect services which will be reduced in negotiations.

ATTACHMENT 3

MHRF Revenue Sources

Type of Beds	Location	Current Cost per Bed	Funding Source	#Beds	Funding Shift
Adolescent	AIRS Program- MH Share	86*	Existing Contract	15	$471,709
	Napa/FFS Hospitals	$384	New Distinct Part SNF and Napa Reallocation	14	$2,102,400
Sub-total Adolescents				30	$2,574,109
Geriatric SNF	Various IMD	$45	Re-Allocate IMD	30	$492,750
	Various IMD	$85	New Federal M/C		$930,750
Sub-Total Geriatric				30	$1,423,500
Adult Napa ICF	Napa	$297	Re-Allocate Napa	10	$1,084,050
Adult Napa SNF	Napa	$306	Re-Allocate Napa	10	$1,116,900
Adult Napa Alt.	Napa	$176	Re-Allocate Napa	10	$642,400
Adult IMD	Crestwood Vallejo	$163	Re-Allocate IMD	10	$594,950
	Various	$90	Re-Allocate IMD	51	$1,675,350
Acute	SFGH/FFS Hospitals	$340	Re-Allocate inpatient	10	$1,241,000
Homeless/New	Existing Programs	$212	New General Fund	22	$3,676,340
Sub-total Adult				123	$10,030,990
Totals*				183	$14,028,599
Cost per day				$208	

*AIRS Program cost represents mental health share only. Total program cost is approximately $365 per day.

** Two adult beds and one adolescent beds are reserved for seclusion.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 20-95

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO PROCEED WITH LICENSURE OF THE MENTAL HEALTH REHABILITATION FACILITY, TO CONTRACT OUT SELECTIVE PSYCHIATRIC SKILLED NURSING SERVICES, AND TO APPROVE THE FINANCING PLAN FOR THE REHABILITATION FACILITY

WHEREAS, the voters of the City and County of San Francisco passed a bond issue in November 1987 for the construction of an 185 bed Mental Health Facility on the grounds of San Francisco General Hospital campus for clients needing psychiatric skilled nursing level care; and,

WHEREAS, the construction of the facility, now referred to as the San Francisco Mental Health Rehabilitation Facility (R-Facility), is substantially complete and the Department of Public Health has begun its programmatic planning to implement the services; and,

WHEREAS, the Health Commission has authorized the Division of Mental Health to proceed with the transfer of the AIRS Adolescent Subacute Program into the Adolescent Unit of the R-Facility ; and,

WHEREAS, the Department consulted with outside legal and management experts in this area and has determined that the most cost effective and financially sound licensing alternative is to license the locked skilled nursing portion of the program as a Distinct Part SNF of San Francisco General Hospital, and to license the Adolescent Subacute AIRS Program as a Level 14 Group Home; and,

WHEREAS, the Department plans to develop a Memorandum of Understanding between the Division of Mental Health and San Francisco General Hospital delineating the responsibilities for managing the program; and,

WHEREAS, the Department of Public Health currently does not provide psychiatric skilled nursing services within its Civil Service operated continuum of care; however, DMS contracts out for similar services within the mental health continuum of care; and,

WHEREAS, based on State Law, the City should contract out mental health services if such services are currently not performed by County employees and if similar services are available to be provided by private providers; and,

WHEREAS, the Department issued an RFP for the adult and adolescent clinical programs, physician, pharmacy, laboratory, dietary, and housekeeping services; and

WHEREAS, the Department has determined that a contractor can provide clinical services, pharmacy and laboratory services with past experience, and at comparable quality than services which would be provided through Civil Service staff; and,

WHEREAS, the Department has determined that it is more cost effective to contract out the clinical services for both adult and adolescent programs rather than develop new Civil Service capacity to provide these services; and,

WHEREAS, the Department recommends contracting out pharmacy and laboratory services because the new facility does not contain pharmacy or laboratory facilities, and because no lab services are currently provided through civil service, and because State regulations governing pharmacy services for long term care psychiatric patients require alternative dispensing and pharmacy management practices than those currently provided at San Francisco General Hospital; and,

WHEREAS, the Department recommends that physician services be provided through civil service because the costs are lower through civil services, and because the program would be supervised by a Civil Service on-site Clinical Manager; and,

WHEREAS, the Department recommends providing dietary and housekeeping in-house with Civil Service staff because the cost analysis of responses to the RFP indicates that these services are less costly using civil services staff, and because the current dietary and housekeeping services are adequately performed through civil service, and because these departments can be expanded to include service for the R-Facility; and,

WHEREAS, the Department recommends that plant maintenance and security functions be provided through civil service because these services are currently integrated within the entire department using Civil Service personnel and should continue to be integrated departmentwide as additional services/facilities are developed; and,

WHEREAS, the Department has developed a financing plan for the Rehabilitation Facility which includes reallocating existing funds from the State Hospital program, existing IMD contracts and existing inpatient psychiatric services, as well as utilizing already appropriated General Funds in the budget and claiming Federal Medicaid funds for reimbursement for services provided to adolescent and senior clients; and,

WHEREAS, the Health Commission is in agreement with the plan to balance the R-Facility budget using these sources for revenues and existing funds; now, therefore, be it

RESOLVED, that the Health Commission authorizes the Department of Public Health to secure licensing of the entire facility as a Distinct Part SNF of San Francisco General Hospital; and, be it

FURTHER RESOLVED, that the Health Commission approves the increase in the number of adolescent beds from 15 to 30, with the inclusion of licensing for a Level 14 Group Home for the Subacute Adolescent Program operated by the AIRS Program; and, be it

FURTHER RESOLVED, that an agreement be developed between San Francisco General Hospital and the Division of Mental Health delineating clear lines of responsibility and authority for operation of the facility and supervision of the clinical program, including contract agencies; and, be it

FURTHER RESOLVED, that the Health Commission authorizes the Department of Public Health to pursue implementation of the skilled nursing psychiatric services at the Rehabilitation Facility using contract services for the adult and adolescent clinical programs and for the laboratory and pharmacy services; and be it

FURTHER RESOLVED, that the Health Commission directs the Department to continue dialogue with labor, in an effort to achieve a cost comparable adult clinical program, while moving forward without delay in the Department's timetable for licensing; and, be it

FURTHER RESOLVED, that the Health Commission authorizes the Department of Public Health to develop dietary, housekeeping, plant maintenance and security services in-house, using civil service personnel; and, be it

FURTHER RESOLVED, that the Health Commission approves the financing plan for the Rehabilitation Facility, using existing General Funds, and reallocating existing funds for Napa State Hospital, IMD's and inpatient programs, and claiming for Federal Medicaid funds for reimbursement for services provided to adolescent and senior clients, and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to approve the Department's operational plan to provide services through both contract agencies and Civil Service, based on the experience, quality and cost factors identified by the Department.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 1, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

August 22, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 1, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

(3.2) Modification to an existing agreement between the State Department of Health Services and the Department of Public Health to accept and expend $1,137,500 to develop a MediCal Managed Care Local Initiative for the period June 1, 1994 to December 31, 1995, and modification to the sole source contract with Progress Foundation as the fiscal agent for the Local Initiative. Modification will reduce the amount of the agreement to $1,083,334 and extend the terms of the agreement from June 1, 1994 to May 30, 1996.

(3.3) Consideration of a novation agreement with the State Department of Health Services and the San Francisco Health Authority to substitute the Health Authority for the City as a party to an agreement with the State to help fund the development of a Local Initiative Health Plan responsible for arranging health care services for Medi-Cal beneficiaries.

(3.4) Consideration of a novation agreement with the Progress Foundation and the San Francisco Health Authority to substitute the Health Authority for the City as a party to an agreement with the Progress Foundation for fiscal intermediary services with respect to State funds for the development of a Local Initiative Health Plan responsible for arranging health care services for Medi-Cal beneficiaries.

(3.5) **CHS - AIDS -** Request for a sole source award in the amount of $100,000 per year, for the period of July 1, 1995 through December 31, 1998 and Contract Renewal, in the amount of $234,569, for the period of July 1, 1995 through June 30, 1996 with San Francisco AIDS Foundation/HIV Prevention Project/Prevention Point for syringe exchange services. The total contract amount is $334,596. (DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 in FY 1994-95).

(3.6) **CPHS - Family Health -** Contract Renewal with DSA Medical Services, in the amount of $70,000, to provide cytology services for the period of September 1, 1995 through August 31, 1996. (DPH contracted with for DSA Medical Services totaling $87,500 in FY 1994-95).

(3.7) Requesting approval to accept and expend a new three year grant in the amount of $53,000 annually, from the State Department of Health Services to provide preventive health services to San Francisco residents over age 60 who have limited access to care for the term of July 1, 1995 to June 30, 1996.

(3.8) Requesting approval to apply for, accept, and expend retroactively a new grant in the amount of $77,000 to provide for piloting the Pediatric Education for Paramedics (PEP) Course during the term of June 24, 1995 through June 25, 1996 and a sole source approval for a renewal contract with UCSF in the amount of $62,810 to provide for the completion and piloting of the PEP Course for the period of June 24, 1995 to June 25, 1996. (DPH contracted with UCSF for services totaling $12,625,232 in FY 1994-95 exclusive of the Affiliation Agreement).

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

6) EXECUTIVE SESSION:

PURSUANT TO GOVERNMENT CODE SECTION 54956.9(B)(1), TO DISCUSS LEGAL ISSUES RELATING TO THE DECLARATION OF A LOCAL EMERGENCY FOR THE OPERATION OF A NEEDLE EXCHANGE PROGRAM

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

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HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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HEALTH COMMISSION

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Michael D. Shriver
Commissioner

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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 22, 1995
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Rebecca P. Castaneda, D.D.S. (left at 3:30 p.m.) Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Margel F. Kaufman Commissioner Lee Ann Monfredini Commissioner Michael D. Shriver
Absent:	Commissioner Edward A. Chow. M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 1, 1995

Action Taken: The Commission unanimously adopted the minutes of August 1, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

Dr. Mitch Katz reported that arbitration on Shanti's debt repayment to the City will take place in September.

(3.2) Modification to an existing agreement between the State Department of Health Services and the Department of Public Health to accept and expend $1,137,500 to develop a MediCal Managed Care Local Initiative for the period June 1, 1994 to December 31, 1995, and modification to the sole source contract with Progress Foundation as the fiscal agent for the Local Initiative. Modification will reduce the amount of the agreement to $1,083,334 and extend the terms of the agreement from June 1, 1994 to May 30, 1996.

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This item was deferred to the end of the agenda after the Executive Session.

(3.6) **CPHS - Family Health -** Contract Renewal with DSA Medical Services, in the amount of $70,000, to provide cytology services for the period of September 1, 1995 through August 31, 1996. (DPH contracted with for DSA Medical Services totaling $87,500 in FY 1994-95).

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Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman, Monfredini, Shriver) approved the Consent Calendar of the Budget Committee, except for item #3.5, which was deferred to the end of the agenda after the Executive Session.

President Jackson announced that today is Commissioner Margel Kaufman's last Commission meeting. Mayor Jordan will swear in a new Health Commissioner, Debra A. Barnes, today at 4:30 p.m. President Jackson requested Commissioner Kaufman to attend the September 5 Health Commission meeting at Laguna Honda Hospital for a special presentation from her Commission colleagues.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

Acknowledgment to Commissioner Kaufman

On behalf of the Department and especially Executive Staff, I would like to extend our very sincere appreciation for Commissioner Kaufman's consistent leadership and guidance during her term on our Governing Board. During her tenure as a Commissioner, she has served on each Division's Joint Conference including chairing both LHH and MHSAF conferences. In addition, Commissioner Kaufman, in her calm, objective way has diligently encouraged the Department to focus efforts towards program evaluation - for both civil service and contractor programs - and was an unending advocate for contract streamlining and consolidation. She served as the Commission liaison to the initial work of the Department's Women's Health Advisory Committee and has been an advocate for better communication and coordination of services to children, youth and their families in San Francisco. She has always pursued health policies from the perspective of overall public good, even when this had a potentially negative ramification for her professional well-being. Her courage, perseverance, and objectivity is something for which she has earned respect throughout the Department and in the community. We wish her all the best as she moves on and hope that she remains active in the public policy debate on health care. The Community, Department and our services are better for her work and the contribution as a Health Commissioner.

BUDGET

State Budget

The Department of Public Health's 1995-96 budget included the reduction of State revenues which were known to us at that time. The Department was prudent in its revenue estimates in light of the fact that the State budget had not been approved. However, the State budget recently adopted by the Governor and the Legislature does reduce funding in several critical areas. The Department estimates that the State's budget will have a negative impact of $650,000 on our revenues. This impact could be higher after the Department has done a detailed analysis of the State Drug Medi-Cal reductions.

In addition, there are outstanding State budget issues which may further reduce funding to the Department. The Legislature and the Governor have not reached consensus on funding several health-related trailer bills including health care services for undocumented women and children. Furthermore, an adverse ruling in pending Prop 99 litigation against the State may result in a significant reduction in County funding for indigent health care services. Department revenues could be further reduced by $3.91 million if current funding is not maintained for these services. Therefore, as the table below indicates, potential State reductions facing the Department, both known and potential, total $6.56 million. This $6.56 million is our anticipated worse-case scenario.

STATE BUDGET IMPACTS	TOTAL IMPACT
State Budget Impacts Not Incorporated in the DPH Budget	$ 650,000
Potential State Budget Impacts	$3,911,000
Total State Budget Impacts	$ 4,561,000

The following is a detailed outline of the impact of the State's budget on the Department's revenues and expenditures. In addition, I have provided information on the outcome of other State budget proposals which may impact the delivery of health care services.

I. STATE BUDGET IMPACTS WHICH HAVE NOT BEEN INCORPORATED INTO THE DEPARTMENT'S 1995-96 BUDGET ($650,000)

Overall, the drastic service reductions which had been proposed by the Governor were not adopted by the Legislature. These service reductions would have seriously impacted the Department's ability to provide preventive, acute care, nursing facility and mental health services. However, the State budget does limit the scope of services in several areas. While the magnitude of the impacts are not as severe as in prior years, nor as proposed in the Governor's original budget, the reductions are still problematic and result in a net $650,000 deficit in the Department's revenue budget as approved by the Health Commission, Mayor and Board.

- Adult Dental Optional Medi-Cal Benefits ($150,000 expenditure increase): The State budget reduces funding for optional adult dental services in the Medi-Cal program by 50% through cost containment measures. The Department estimates that expenditures at Laguna Honda Hospital will increase by $150,000 as a result of this State action. The Hospital will be required to spend additional funds to ensure that its patients receive timely dental services.

- Drug Medi-Cal: The State budget makes several changes in the scope and funding for Drug Medi-Cal services. The Department budgeted $3.3 million in Drug Medi-Cal treatment revenues for 1995-96. The State budget amends the program by: (1) restricting eligibility, (2) limiting the scope of service, (3) reducing the reimbursement rates, and (4) limiting the length of stay for services. The Department is still analyzing what impact these approved changes will have on Departmental revenues and on the ability of community-based providers to continue services within the State's new reimbursement structure. These changes may result in a substantial reduction in outpatient day treatment and habilitative services for drug addicted clients as providers leave the system due to inadequate reimbursement. The Department is undertaking a detailed analysis of the impact of these Drug Medi-Cal changes and will report our findings to the Commission within the next few weeks.

- Transitional Inpatient Care ($500,000 revenue loss): The Governor's budget creates a new sub-acute program with a lower reimbursement rate for Medi-Cal recipients who require short-term medically complex or/and intensive rehabilitation services -- transitional inpatient care. The program is scheduled to begin January 1996. The Department estimates that this proposal would result in a $500,000 reduction in revenues at San Francisco General Hospital (the difference between acute care day rates and transitional day rates). The State has not yet issued regulations for this new category of care. Therefore, the estimated revenue loss is based on limited information and may be revised when the State regulations are released.

- Long-Term Care Reimbursement (no net effect): The State budget limits Medi-Cal reimbursement of certain allowable costs in long-term care nursing facilities. This change would impact facilities such as Laguna Honda Hospital. At this time, the Hospital estimates that this new cost limit will not affect its current reimbursement because the Hospital's remaining allowable costs are well within the range of full Medi-Cal reimbursement.

At this time, the Department does not believe that it will be able to absorb any State budget reductions. Depending upon the Legislature's decisions regarding unresolved trailer bills and the Court's ruling on Prop 99 allocations, the Department may be forced to request further General Funds to maintain current service levels.

II. UNRESOLVED HEALTH-RELATED TRAILER BILLS AND PENDING HEALTH CARE FUNDING ISSUES ($3.91 MILLION)

Neither the Governor nor the Legislature reached consensus on funding several health care related trailer bills. These bills were in the areas of prenatal services to undocumented women, health care services to undocumented children, implementation of a new California REACH program (CalREACH) and repeal of maintenance of effort requirements. The Legislature reconvened yesterday and it is my understanding that both Houses and the Governor are addressing these unresolved State budget issues.

In addition, a pending legal action against the State may jeopardize the distribution of Prop 99 funds which are used to provide health care services to indigent persons.

Finally, the State budget reduces financial assistance to persons receiving AFDC and SSI/SSP. These reductions will impact the health care status of this individuals and may have result in increased health care costs for this population.

- Prenatal Services to Undocumented Women ($2.4 million revenue loss): Elimination of prenatal services for undocumented women was not approved by the Legislature. However, the State's budget does not appropriate the roughly $58 million necessary to continue these services on a state-wide basis. If the Legislature does not approve elimination of these services, then $58 million will be needed to continue funding these services. If this service is eliminated, the Department estimates that it will lose $2.4 million in funding for these cost effective and preventive services.

- Health Care Services to Undocumented Children ($111,000 revenue loss): Children with serious illnesses are eligible for Medi-Cal services through the California Children's Services program if their families meet certain eligibility and income criteria. The State budget has not appropriated funding for the provision of CCS services to undocumented children -- although the State has not eliminated the service either. Based on average CCS expenditures and the number of undocumented children who receive CCS services in the County, the Department estimates that it will lose $111,000 if this service is eliminated. It must be noted that this figure may be higher depending upon the actual utilization and cost of CCS services for this population.

- California Reaching Early Access for Children's Health (CalREACH): The Governor proposed to create a new children's health care program -- CalREACH -- to promote universal access to primary care for young low-income children who were not Medi-Cal recipients. The Governor requested an additional $20 million to implement this program (estimates are that roughly half is needed to administer the program). The Legislature has not appropriated funds for this program and the State has not released estimates of how much each county might receive if the program were implemented. Based on estimates of the number of children who might be eligible for this program in San Francisco, the Department estimates that $144,000 could be allocated to the County for CalREACH. There is the concern that implementation of this program may reduce funding for two existing programs -- California Children's Services (CCS) and the California

Health and Disability Prevention program (CHDP) which currently serve this population. The Department receives $2 million in CCS funding and $800,000 in CHDP funding from the State.

- Prop 99 ($1.4 million revenue loss): Prop. 99 funds a variety of health-related services, including health care services to the indigent through the California Healthcare Indigent Program (CHIP). A total of $9 million in Prop. 99 funds has been budgeted for health care services to the indigent in 1995-96. However, current litigation against the State's proposed allocation of Prop 99 may jeopardize the distribution of these funds. If plaintiffs prevail in their case, there is a strong possibility that the City's CHIP funding will be significantly reduced. The Department estimates at least $1.4 million in funding could be lost if the State depletes its entire "unallocated" CHIP funding account in response to the lawsuit. The majority of this reduction ($1.3 million) would occur at San Francisco General Hospital. This figure could be higher if the State decides to further reallocate Prop 99 funds in response to an adverse court ruling.

- Welfare Reductions: The State budget reduces AFDC and SSI/SSP payments by 4.9%. Reductions in monthly cash assistance will place these individuals at risk of homelessness and reduces their ability to meet such basic needs as proper nutrition, adequate clothing and personal hygiene. Individuals who receive SSI/SSP, and therefore health care services, due to a primary disability of substance abuse will no longer be Medi-Cal eligible. Their eligibility of SSI/SSP is now limited to two years. Once they are ineligible for SSI/SSP, they will loose their eligibility for State-sponsored health care services. Indirectly, this State action will increase the uncompensated caseload for patients under our care. Limiting SSI/SSP eligibility for this population will increase the numbers of unsponsored residents in the County and may result in increased local support to ensure necessary health care services for this population.

- Maintenance of Effort (no direct financial impact): The Governor proposed partial relief from Prop 99, health realignment and mental health realignment maintenance of effort requirements. For example, the County's 1995-96 maintenance of effort for Prop 99 funds is $135.6 million. The Governor's proposals were made to assist counties in light of reduced State and local funding for health care services. The proposals attempt to reduce the financial burden of localities in meeting matching requirements for State funding.

III. PROPOSED SERVICE REDUCTIONS WHICH WERE NOT ADOPTED

The Governor's budget originally proposed roughly $68 million in health service reductions in the areas of prenatal services, optional Medi-Cal benefits, substance abuse services, and nursing facility services. The Department is pleased to report that the following budget proposals were not adopted:

- Optional Medi-Cal Benefits: The adopted budget maintains all nine optional Medi-Cal benefits which the Governor had proposed eliminating. Had the optional Medi-Cal benefits been eliminated, the Department would have experienced a $4 million reduction in Medi-Cal revenues to provide these necessary services.

- Nursing Facility Medi-Cal Payments: The Governor's original budget proposal included a 20% statewide reduction in distinct part nursing facility rates. The reduction would have resulted in a $17 million revenue loss at Laguna Honda Hospital. This proposal was rejected by the Legislature.

IV. STATE BUDGET ISSUES WHICH DO NOT FINANCIALLY IMPACT THE DEPARTMENT

The State budget also approves programmatic changes in the reimbursement for some services and allows for the submittal of federal demonstration waiver projects for the Medi-Cal program. While these changes do not result in a direct financial impact for 1995-96, they may impact the overall provision of Medi-Cal funded services within the County.

- Federally Qualified Health Center (FQHC) Reimbursement: The Governor's budget shifts the responsibility for FQHC interim rate reimbursement from the State to health plans contracting with the State under Medi-Cal Managed Care. The Department currently receives interim rate payments for its FQHCs from the State. The Department strongly believes that this practice should be continued and, through our State lobbyist, fought vigorously for this position during the State budget process. While the budget amendment will not reduce FQHC revenues to the Department, it does threaten the financial viability and success of the State's plan to transition over 2.3 million Medi-Cal recipients into managed care. Health plans, particularly the San Francisco Health Authority, will have insufficient capitation funds to pay FQHCs interim rate reimbursement and adequately reimburse non-FQHC providers. This potentially reduces the number of providers willing to provide services to Medi-Cal recipients and would ultimately reduce access to care by Medi-Cal beneficiaries.

- Medicaid Demonstration Projects: The federal government allows States to participate in Medicaid waiver programs in an effort to broaden access to health care services and to provide quality service in a more cost-effective manner. These demonstration projects are known as "1115A waivers" and allow states more flexibility in establishing the eligibility guidelines and benefits package. As part of the State's effort to assist Los Angeles in its $1.3 billion budget deficit, the State may pursue an 1115A waiver to obtain additional federal funds for health care services. The State budget provides for the inclusion of other counties in this demonstration project. The Department is beginning an analysis of the potential net benefit of participating in this program as a means to expand the number of persons eligible for Medi-Cal funded services and thereby reducing the number of indigent and unsponsored persons in San Francisco.

V. PROPOSED REVENUE INCREASES WHICH WERE NOT ADOPTED IN THE STATE BUDGET ($9 MILLION)

During the State budget deliberations, proposals were offered to assist safety net providers which have experienced a decline in financial resources while simultaneously witnessing a growth in the demand for their services. These proposals would have increased the amount of revenues which come to the Department to fund indigent care services. The proposals would have increased revenues by an estimated $9 million had they been adopted. While these proposals were not enacted, the Department is pleased that the issues were brought to the forefront of public policy debates and expects that there will be subsequent discussion on these proposals in the upcoming legislative session.

- Disproportionate Share Hospital (DSH) Funding Formula: The California Association of Public Hospitals (CAPH) has proposed an adjustment in the current formula for disproportionate share provider funding. Currently public hospitals, U. C. hospitals and district hospitals contribute funds to the State that are then matched by the federal government. These matched funds are then distributed to public and private hospitals throughout the State. Over the past four years, the level of disproportionate share funding received by private and children's hospitals in

California has increased 122% although they contribute no funds to the program. CAPH's proposal would reduce disproportionate share revenues to these institutions by $100 million. The $100 million presently received by private hospitals would have been redistributed to public hospitals. Estimates are that San Francisco General Hospital would have received an additional $5.1 million in DSH funds if this proposal had been adopted. The Legislature will appoint two task forces to address this proposal after the Legislature returns from its recess. We will continue to work with the County's legislative lobbyist to achieve equity in DSH funding for San Francisco General Hospital.

- Medi-Cal Outpatient Rates: This proposal would have allowed counties -- at no cost to the State -- to receive federal matching funds for unreimbursed outpatient costs. The proposal sought to address the rising costs of unreimbursed care. Several states have implemented similar programs as a means of increasing federal resources to county health providers. The Department estimates that the proposal would have resulted in an additional $4 million in federal Medicaid funds. This proposal would have benefited many counties with unreimbursed outpatient costs; for example, Los Angeles County could have received up to $80 million annually from this proposal. The Department is hopeful that this proposal will be reviewed by Governor and the Legislature in the 1995-96 legislative year.

I will continue to update the Commission on additional State budget matters as they become available.

Federal Budget Update
On August 16, 1995 our Federal lobbyist, Marilyn Berry Thompson provided the Health Department with an overview of the trends and projected timeline for the 1996 federal budget. The following summary is based on this meeting and information released by the US House of Representatives, Full Committee Appropriations Bill for the Departments of Labor, Health and Human Services, and Education.

As you may be aware the House Labor - HHS - Education Appropriations bill passed the House on August 4, 1995 by a vote of 219-208. The Senate will begin committee action on this bill in early September. Although many health programs are already slated for significant cuts, it is widely assumed that the Senate will recommend additional health related cuts, in an effort to restore core Education and Labor Department programs which were decimated in the House bill.

Budget Highlights:
Program Increases
- A 5.7% increase in the National Institutes for Health funding.
- Breast and Cervical Cancer Screening at the Centers for Disease Control and Prevention, (CDC) receiving a 25% increase for a total of $125 million.
- Infectious Disease Activities at the CDC receiving a 23.7% increase for a total of $67.2 million.

Programs Funded at Current FY 1995 Levels:
- Ryan White Care Act
- Health Professions Education
- A probable consolidation of Public Health Centers (Community, Migrant, and Homeless)

Program Decreases:

- Categorical Mental Health and Substance Abuse Programs under the Substance Abuse and Mental Health Services Administration(SAMHSA), receiving a $391 million or 58.2% reduction.
- Agency for Health Care Policy Research reduced by $34 million, or 21.3%.
- Head Start reduced by $135 million, or 3.8%.

Program Eliminations:

- Office of the US Surgeon General.
- Office of the Assistant Secretary for Health administers programs which were reduced and transferred to the Office of the Secretary.
- Low Income Home Energy Assistance Program (LIHEAP)

SAMHSA Profile:
As noted, the most severe cuts are in reduced SAMHSA funding. The following identifies these cuts in more detail: (dollars are in millions)

Center for Mental Health Services:

-- The Mental Health Block Grant ($275.42m) and the Children's Mental Health programs ($60.0m) were held at the 1995 level.

-- The following programs are recommended for *elimination:*

Clinical Training/AIDS Training	($- 5.39)
Community Support Demos	($-24.18)
Grants to States for Homeless	($-29.46)
AIDS Demos	($-1.487)

Center for Substance Abuse Treatment:

-- The Substance Abuse Block Grant held at the 1995 level of $1,234.1

-- All other SCAT programs are recommended for *elimination:*

Treatment Grants to Crisis Areas	($-35.52)
Pregnant Women and Children	($-54.23)
Criminal Justice Programs	($-37.50)
Critical Populations	($-23.56)
Comprehensive Comm. Treatment	($-27.28)
Training	($- 5.90)
AIDS Demos and Training	($ 18.20)
Treatment Capacity Expansion	($ 6.70)

Center for Substance Abuse and Prevention:

-- ALL programs are recommended for *elimination:*

Prevention Demo:	
High Risk Youth	($- 65.16)
Prevention Demo:	
Pregnant Women and Infants	($- 22.50)
Community Partnership	($-114.74)
Prevention Education/Dissemination	($-13.465)
Training	($-16.049)

- Further House and Senate action on final appropriations bills will occur when the Legislative Recess ends on September 5, 1995. At that time both Houses will convene hearings on the 1996 Budget Reconciliation bill. Several controversial legislative issues may be wrapped into the omnibus budget bill. Current debates involve the inclusion of welfare reform, MediCare and Medicaid cuts, and tax cuts. I will provide this Commission with additional detail on the potential implications of these bills as they develop.

ADMINISTRATION

Proposition 99 Update:

In the last legislative session, Assemblyman Phil Isenberg carried AB 816, the reauthorization legislation for the Prop 99 funds. As you are aware, this was one of the most controversial bills of the session. Although there were countless areas of contention, the core antagonisms involved the "legally appropriate" use of the Health Education account, especially its inclusion of CHDP.

Two suits were filed to oppose the implementation of AB 816 (American Lung, et. al). To date the State has not prevailed on either suit. Both cases are currently being appealed by the State.

In the current legislative session, Senator Maddy carried SB 493, the Prop 99 expenditure bill through both houses. It was signed by the Governor on July 28, 1995. Essentially, SB 493 would have implemented the funding allocations which were set forth in AB 816. As you may recall, if American Lung *et. al* prevail, preservation for CHDP would most likely come out of the "Unallocated Account" depleting most of the funds previously designated for California Healthcare for Indigents Program (CHIP).

SB 493 was immediately challenged in the Sacramento Superior Court where a Temporary Restraining Order was granted to block its implementation.

Another Proposition 99 related bill was introduced to the state legislature in late July by Speaker Emeritus Brown. AB51XX proposes to raise the tobacco tax by 17 cents. This bill will be heard during the Special Session which was originally dedicated to deal with Orange County's bankruptcy problems. The Special Session has been officially expanded to include consideration of fiscal issues in Los Angeles County and for counties in general.

AB 51XX proposes to distribute the additional 17 cent tobacco tax as follows: 5 cents for current Proposition 99 purposes; 4 cents each for Los Angeles County and Orange County indigent health services; and 4 cents for the balance of the counties' health services. The California Medical Association, the sponsor of the bill, estimate that it will raise $278 million annually. As it is currently drafted, the bill would sunset in 1999.

I will be meeting with members of the Department who represent programs which will be directly affected by the final court and/or legislative decisions regarding this tax money. In light of the complications associated with these issues, it is very difficult to project the full spectrum of potential implications on our programs. I will continue to keep this Commission apprised of further developments regarding this matter.

Proposition 187 Update

The ACLU and MALDEF have requested a summary judgment hearing in the case Gregorio T. v. Wilson. If granted, the summary judgment would declare Proposition 187 unconstitutional and would void the measure **before** trial.

Judge Pfelzer, Los Angeles Federal District Court has not yet responded to this request.

As you are aware, the trial was previously scheduled for September 5, 1995. We have been informed that a continuation was granted; the trial is now tentatively scheduled for November, 1995.

If the summary judgment is granted in favor of the ACLU/MALDEF, or if they prevail at the trial, the Attorney General will retain the right to appeal the decision to the Federal Court of Appeals, 9th Circuit. The final judicial level above the Federal Court of Appeals is the U.S Supreme Court.

I will continue to keep you informed as this issue continues to evolve.

SAN FRANCISCO GENERAL HOSPITAL

Tragic Death of Outpatient Pharmacy Supervisor

It is with great regret that I announce that on Friday, August 11, 1995, a tragic accident took the life of Keith Tang, Pharm.D., the Main Outpatient Pharmacy Supervisor. Keith had served in this position for 2 1/2 years. Keith was a vital and energetic leader in the recent improvement of patient satisfaction at San Francisco General Hospital Outpatient Pharmacy. He solicited input from the staff and integrated this with his managerial expertise into an action plan that ultimately resulted in a dramatic improvement not only in our customer service but for staff morale.

Funeral services were scheduled for Saturday, August 19, 1995, at the Evergreen Mortuary, 10th and Geary Street, San Francisco, at 11:00 a.m. Keith is survived by his wife Linda and their 4-year old twins Kevin and Kayla.

SFGH Reorganization Status

SFGH administrative reorganizational efforts have been put in place. The SFGH executive staff have held two retreats to lay the framework for change. By September the transitional phase of the reorganization will be completed with all departments, programs and liaison functions assigned to the appropriate associates and designees.

JCAHO Chairperson

Robert H. Christmas, Associate Administrator for Clinical Support Services was recently named as Chairperson for the JCAHO Surveyor Advisory Committee. This Committee represents all surveyors of the JCAHO.

Robert, in this capacity, meets with JCAHO to discuss policies, procedures, new standard development and interpretation.

Consolidation Accreditation and Licensure Survey (CALS) Preparation

The CALS survey has been tentatively scheduled for the week of December 4, 1995 and December 11, 1995. This survey will include reviewers from the Joint Commission on Accreditation of Healthcare Organization (JCAHO), California Medical Association (CMA), and California Department of Health Services. The College of American Pathologists/Hospital Accreditation Services (CAP/HAS) survey of

Clinical Laboratory Services and JCAHO Ambulatory Care Survey will also be conducted simultaneously.

The CALS Survey process includes:

Review of written materials
On-site observations (tours and visits to various settings)
Dialogue with staff (interviews)

In preparation for the survey process, we have scheduled a series of interview mock surveys, as well as mock surveys to specific patient care settings.

Mock surveys in our Clinical Laboratory Department have been completed. We plan a comprehensive approach regarding medical staff issues which include credentialing/privilegings, as well as visits to specific Medical Staff departments. Our Medical Staff, under the leadership of Dr. Denise Rodgers, has been working very hard in preparation for the upcoming survey.

SFGH Garage

Senior officials from the Department of Public Works, the Department of Parking and Traffic and SFGH toured the SFGH Garage Project this afternoon (8/22). The project is proceeding on schedule for a July 1996 opening.

Critical Diversion Statistics

August 1 through August 17, 1995, Critical Care diversion was at 3.7% (14.35 hours). Average census at that time of diversion was 20.3 patients. Total ED diversion was 4 hours and 5 minutes or 1%.

COMMUNITY PUBLIC HEALTH SERVICES

Resignation of Medical Director at Health Center #4

I regret to inform you that Wally Lim, M.D., Medical Director of Health Center #4, has submitted his resignation. Dr. Lim is a very well-respected clinician in the Chinese community and has established a large patient base at Health Center #4. He has also played a major role in guiding the medical staff at the health center through dramatic changes over the past several years, from the introduction of primary care to the beginnings of managed care.

Dr. Lim will be sorely missed by patients and colleagues. We wish him the best as he pursues his interest in teaching as well as practicing family and community medicine.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Cancer Incidence in Bayview Hunters Point

As you know, the Bureau of Epidemiology, Disease Control and AIDS released a study of cancer incidence 1988-1992 in the Bayview/Hunters Point area as part of a larger health needs assessment that the Department has undertaken in conjunction with members of the BVHP community. The study was conducted to compare cancer incident rates for BVHP, San Francisco, and the Bay Area.

There were a number of significant findings. Most notable was the finding of a higher incidence of both breast cancer and cervical cancer than would be expected by San Francisco or Bay Area age and race specific rates for the period 1988-1992. The higher incidence of breast cancer was accounted for by higher rates of pre-menopausal (age 50 or less) cancer among African-American women. Among these cases, 58% had localized disease, indicating a relatively early diagnosis. Although the two cancer sites (breast and cervical) were found to have higher incidences, they have very different risk factors and do not suggest a common etiology or common exposures.

Cervical cancer is considered by experts to be a sexually transmitted disease and, therefore, is eminently preventable. There is no known environmental/toxic risk factor.

Due to both the study methodology and the limited understanding of all risk factors which may contribute to the development of breast cancer, this report should not and cannot definitively rule out or otherwise address the much more complex question of health risks attributable to the hazardous waste and environmental toxics known to exist in the BVHP area of San Francisco.

Second, although the cancer incidence survey did not find elevated rates of cancers most commonly associated with environmental exposures (childhood cancer, brain cancer, and leukemia), that does not suggest that there is no health risk related to toxics or other environmental hazards in the BVHP community. There are limitations on the methodologies employed in epidemiological research and on our understanding of the etiology of many cancers. That the study did not document higher-than-expected cancer incidences related to environmental exposures does not deflect from the broader legitimate concerns about environmental justice being expressed by the community.

The Department has scheduled a formal presentation of this report for the October 17 Health Commission meeting where we will bring forward findings and recommendations regarding a community-oriented primary care response to these health problems.

I would like to acknowledge Deborah Gillis, M.D., M.P.H., a preventive medicine resident with the Department who did most of the research and analysis, and Fran Taylor, M.D., M.P.H., head of our Disease Control unit who supervised Dr. Gillis and worked with the community in the presentation of the study.

DIVISION OF MENTAL HEALTH SERVICES

The State has delayed implementation of the outpatient Medi-Cal carveout for Mental Health until July 1997. This will allow more time for planning and development of services before the County, through DMS, assumes the risk for the 120,000 Medi-Cal eligibles in San Francisco. Managed Care for the fee-for-service Inpatient Medi-Cal patients' which began January 1995, and has been implemented by DMS is unaffected by this delay and will continue as currently being implemented. The Department is continuing efforts with other Bay Area counties to develop strategies to revise the allocation methodology for Medi-Cal.

The DMS Managed Care section under Nancy Presson has completed an RFP process for a pilot project for case-management services from a Physician's IPA. The pilot will test an expansion of the target population and success of managing services in the community to clients while avoiding use of institutional or more costly System of Care Services. A contract will be presented to you in the near future for your consideration.

The demographic data for DMS clients for the past Fiscal Year 94/95 is attached for your information. The general profile of the almost 16,000 unduplicated clients served by DMS is consistent with the previous year. Homeless clients are also included in transitional or institutional categories.

Joint Program with San Francisco Unified School District

I am pleased to announce that the U.S. Department of Education, Office of Special Education Programs has approved funding to San Francisco Unified School District in the amount of $500,000 for a joint program with Mental Health to improve services for seriously emotionally disturbed students.

FEMA Grant

FEMA has awarded a $215,000 grant to DMS to seismically retrofit a building owned by DMS located at 45 Onondaga Street. The building has been determined to have a level 4 seismic earthquake rating, which makes it unsafe in the event of an earthquake. Currently, the building is unoccupied. Once the retrofit is complete, 45 Onondaga Street will become the new location of Southeast Child/Family Therapy Center, a mental health clinic now located at 20-29th Street.

At present, most of the ADA requirements for the site have been met, and the disabled access ramp is being considered for an award by the State of California's Department of Rehabilitation.

Update: 18th Street Services and Operation Concern Merger

The Negotiation Team and the Department of Public Health are extremely pleased to report that the proposed merger between Operation Concern and 18th Street Services has made significant progress within the last month. Members of the Negotiations Team anticipate a final merger agreement to be formally adopted by the Board of the newly-merged organization at their October 5th meeting. The Department will begin contract development for the merged agency in the next few weeks and anticipate bringing it to the Commission in late September or early October.

Note: July Department of Public Health statistics are available in Commission Office.

5) OTHER BUSINESS/PUBLIC COMMENTS

Dr. Hernández reported that the State Legislature will be holding a hearing to consider SB 855 Program and the California Association of Public Hospitals' (CAPH) Equity Proposal. If the CAPH Equity Proposal were to be approved, San Francisco General Hospital would net an additional $5 million of revenues through this intergovernmental transfer program.

Dr. Hernández requested the Commission to consider a resolution supporting the CAPH Equity Proposal.

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman, Monfredini, Shriver) voted to take action on this item of business not appearing on the posted agenda under the conditions that: a) the need to take immediate action on the item is so imperative as to threaten serious injury to the public interest if action were deferred to a subsequent special or regular meeting, and b) that the need for such action came to the attention of the body subsequent to the agenda being posted.

Action Taken: The Commission (Jackson, Castaneda, Gadberry, Kaufman, Monfredini, Shriver) adopted Resolution #21-95, "Supporting the California Association of Public Hospitals (CAPH) SB 855 Equity Proposal", (Attachment A).

The Commission went into Executive Session at 3:40 p.m.

6) EXECUTIVE SESSION

PURSUANT TO GOVERNMENT CODE SECTION 54956.9(B)(1), TO DISCUSS LEGAL ISSUES RELATING TO THE DECLARATION OF A LOCAL EMERGENCY FOR THE OPERATION OF A NEEDLE EXCHANGE PROGRAM

The Commission came out of Executive Session at 3:50 p.m.

Public Speaker: Pat Christen, S.F. Aids Foundation

Action Taken: The Commission (Jackson, Gadberry, Kaufman, Monfredini, Shriver) approved item #3.5, request for a sole source award in the amount of $100,000 per year, for the period of July 1, 1995 through December 31, 1998, and a contract renewal in the amount of $234,596 for the period of July 1, 1995 through June 30, 1996 with the S.F. Aids Foundation/HIV Prevention Project/Prevention Point for syringe exchange services. The total contract amount is $334,596.

The meeting was adjourned at 3:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-95

SUPPORTING THE CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS (CAPH) SB 855 EQUITY PROPOSAL

WHEREAS, the Senate Bill 855 Disproportionate Share Hospital (DSH) payment program was established to provide badly needed funding to hospitals serving a high volume of the Medicaid and indigent persons; and,

WHEREAS, funded solely by contributions from public hospitals, the program to-date has drawn more than $4 billion in additional federal dollars for California's public and private hospitals; and,

WHEREAS, since the program's inception, the number of non-children's private hospitals qualifying for funding has more than doubled and the net benefit to those hospitals has more than tripled; and,

WHEREAS, only public hospitals—county, University of California, and district hospitals—fund the entire [illegible] million State share of the program; and,
$ 239

WHEREAS, county hospitals provide the vast majority of the State's indigent care, and the number of Californians without health insurance is increasing steadily; and,

WHEREAS, years of budget cuts to local government have strained the resources for county hospitals to fulfill their mission not only to serve the poor, but also to provide high-cost services like trauma and burn care to the entire community; and,

WHEREAS, that in times of shrinking resources, funding must be targeted to core safety net institutions that have the mission and mandate to provide care to all who are in need; now, therefore, be it

RESOLVED, that the San Francisco Health Commission strongly supports the "CAPH SB 855 Equity Proposal" which would restore balance and equity to the SB 855 program by shifting $100 million of much needed funding to public hospitals; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor and the Board of Supervisors to support CAPH's SB 855 Equity Proposal.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 22, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

September 5, 1995
3:00 P.M.
at
Gerald Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Boulevard
San Francisco, CA 941116

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 22, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) Presentation of 1994-95 Fourth Quarter Revenue and Expenditure Report and recognition of 1994-95 Carry Forward Funds.

(3.2) Consideration of a supplemental appropriation request in the amount of $450,000 to fund planning and development projects for the San Francisco Health Authority from identified 1994-95 carry forward funds.

(3.3) DMS - CMHS - First modification to the contract with St. Mary's Hospital and Medical Center (d.b.a. McAuley Neuropsychiatric Institute) to add $50,000 to provide adolescent inpatient, partial hospitalization and transitional outpatient services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $1,138,917 in FY 1994-95).

101 Grove Street San Francisco, CA 94102

(3.4) **CHS-AIDS** - Requesting approval to accept and expend contractual funding in the amount of $455,296 from the Public Health Foundation Enterprises, Inc., to provide research services for HIV Vaccine Preparedness Studies for the period of November 1, 1995 to October 31, 1996.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) ANNUAL REPORT OF LAGUNA HONDA HOSPITAL

I. From Anthony G. Wagner, Executive Administrator
II. Mission Statement/Strategic Planning
III. Clinical and Operational Highlights
IV. Fiscal Year 1994-95 Financial Performance
V. Continuous Quality Improvement
VI. Major Achievements
VII. Facility Master Plan
VIII. Future Directions

6) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor at the far west end of the building and is wheelchair accessible.

Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead th entire length of the building to the west end of the 5th floor where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium.

Accessible MUNI metro service is available to Forrest Hill Station (K, L, and M lines), transferring to the #89 MUNI shuttl bus from the Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp.

Additionally, MUNI bus lines #34, 36, 44, and 52 serve Forrest Hill Station and are wheelchair accessible, with a transfer t the #89 MUNI shuttle bus from Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 923-6142.

Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and the Clarendon east parking lot.

The following services are available by calling 759-2367, at least 72 hours prior to the meeting: assistive listening devices, American sign language interpreters and readers, and large print copy of agenda. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 759-2367 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 5, 1995
3:00 P.M.
at
Gerald Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Boulevard
San Francisco, CA 941116

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow. M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Michael D. Shriver
Absent:	Commissioner Rebecca P. Castaneda, D.D.S.

President Jackson welcomed the newly appointed Commissioner Debra A. Barnes.

President Jackson made the following announcements:

- Commissioner Michael Shriver has been appointed to chair the Budget Committee.
- Commissioner Debra Barnes will be the Liaison Commissioner for Brokerage Services.
- Commissioner Jackson will serve, along with Commissioner Chow, on the Joint Conference Committee for San Francisco General Hospital.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 1, 1995

Action Taken: The Commission unanimously adopted the minutes of August 22, 1995.

101 Grove Street San Francisco, CA 94102

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Michael D. Shriver)

(3.1) Presentation of 1994-95 Fourth Quarter Revenue and Expenditure Report and recognition of 1994-95 Carry Forward Funds.

This item was postponed to the next meeting.

(3.2) Consideration of a supplemental appropriation request in the amount of $450,000 to fund planning and development projects for the San Francisco Health Authority from identified 1994-95 carry forward funds.

(3.3) DMS - CMHS - First modification to the contract with St. Mary's Hospital and Medical Center (d.b.a. McAuley Neuropsychiatric Institute) to add $50,000 to provide adolescent inpatient, partial hospitalization and transitional outpatient services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $1,138,917 in FY 1994-95).

Commissioner Shriver requested a plan for compliance to the affirmative action policy regarding the staff composition.

(3.4) **CHS-AIDS** - Requesting approval to accept and expend contractual funding in the amount of $455,296 from the Public Health Foundation Enterprises, Inc., to provide research services for HIV Vaccine Preparedness Studies for the period of November 1, 1995 to October 31, 1996.

Action Taken: The Commission (Jackson, Chow, Barnes, Gadberry, Monfredini, Shriver) approved the Consent Calendar of the Budget Committee, except for #3.1, which will be postponed to September 19, 1995.

President Jackson made a special plaque presentation to Margel Kaufman, outgoing Commissioner. Each Commissioner made their individual tribute and comments of appreciation to Ms. Kaufman.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION
CFO Appointment

I am pleased to announce that Ms. Monique Zmuda has been appointed as the Department's Chief Financial Officer effective today, September 5, 1995. Monique came to the Health Department in 1985 as the Health Commission's first secretary and served in that capacity until 1987, at which time she accepted the position of Chief Financial Officer for the Division of Mental Health, Substance Abuse and Forensic Services. In her new position, Monique will oversee the Department's budget and financial operations, working closely with the Department's Deputy Fiscal Officers for San Francisco General Hospital, Laguna Honda Hospital, and Community Health Programs. I ask the Commission to join me in congratulating Monique for this well deserved promotion.

I would also like to announce the appointment of Mr. Keith Hearle, who will replace Monique as the Deputy Financial Officer for Community Health Programs. Mr. Hearle is currently a Vice President with Lewin-VHI and will begin his employment with the Health Department in the next few weeks. Mr. Hearle will oversee budget and financial operations for all Community Health Programs and will also assist in planning and implementing a Department-wide reorganization of financial services consistent with the Department's restructuring efforts. Please join me in welcoming Keith to the Health Department.

Public Managerial Excellence Awards

Continuing a tradition we began last year, the Department is pleased to announce receipt of two Public Managerial Excellence Awards. Dr. Mitch Katz has been selected to receive one of this year's Public Managerial Excellence Awards sponsored by the Mayor's Fiscal Advisory Committee.

The Laguna Honda Computer Project Implementation Team has also been selected to receive the awards. The team headed by Dennis Sato includes members: Mr. Hugo Aguilera, Patient Accounts Manager; Ms. Cheryl Austin, Director, Health Information Services; Ms. Sheila Kenny, Assistant Director of Nursing; Ms. Anna y, Assistant Director of Nursing; Ms. Nancy Wong, Supervisor, Systems and Programming.

The Department again extends our acknowledgment to all our nominees on behalf of their commitment and dedications to our efforts.

BUDGET

FY96-97 City Budget

The Mayor's Office has notified the Department that its FY 1996-97 baseline budget and revenue request is due October 2, 1995. This baseline request requires the Department to estimate any increase and/or decreases in expenditures and revenues.

As in previous years, this baseline request will be used by the Mayor's Office to determine our FY 1996-97 general fund allocation. The Mayor's Office has indicated that it will release FY96-97 general fund allocations in mid-November 1995.

Executive staff and fiscal support staff will be formulating our baseline budget over the next few weeks.

State Budget

Last week I sent a letter to the Mayor, Board of Supervisors and Controller summarizing the State's budget impact on DPH. I highlighted these same issues for you in the last Director's Report. One area we continue to work on is substance abuse related issues. We intend to submit a supplemental appropriation request to you, the Mayor and the Board in order to bridge the anticipated shortfall.

Federal Budget

Congress reconvened today and will be finalizing the 1996-97 Federal budget. There are several outstanding issues: welfare reform, Medicare and Medicaid cuts and tax cuts. Of particular concern will be the development of a block granting formula, if Medicaid and Medicare are block granted. As I reported last month, it is probable the Senate will propose additional health-related cuts in an effort to restore Education and Labor Department programs which were significantly reduced in the House budget bill. I will continue to keep you abreast of these issues as they materialize.

MANAGED CARE

State Medi-Cal Managed Care Waiver

Last week, the California Association of Public Hospitals and Health Systems submitted comments to the Health Care Financing Administration on the State's waiver for the two-plan Medi-Cal Managed Care model. The response was on behalf of all twelve designated managed care expansion counties. County concerns with the State's waiver were:

- The State's reluctance to establish a clear policy on protection of the safety net.
- The State's apparent shift from improved access and quality to cost containment as the primary goal of the two-plan model.
- The State's intent to allow commercial plans to begin operations prior to a local initiative. This provision allows the commercial plan to enroll beneficiaries during the interim period and possibly undermines the success of the two-plan model.
- The magnitude of the State's undertaking in light of their limited resources.

As you can image, counties are at different stages in their managed care development. However, under the State's timeline, the two-plan model is scheduled for implementation June 1996 in all counties. The waiver response submitted by CAPH proposes staggering the start dates on a county by county based on the readiness of the local initiative. Local initiatives which are ready to begin operations prior to the start of the two-plan model could do so, while those needing additional time to implement their program would be given this opportunity. Counties believe that this proposal provides for simultaneous start-up dates for both plans and prevents the local initiatives from beginning operations under a competitive disadvantage.

As I previously indicated, HCFA's initial comments on the waiver are due by October 1, 1995. The Department will provide the Commission with a summary of the Agency's comments when they are released.

Health Care Options

The Department continues to meet with the State on the implementation of default enrollment (i.e., a Medi-Cal beneficiary who does not indicate that they have a fee-for-service provider or choose a health plan would be randomly assigned to a health plan). The State is scheduled to implement default enrollment on October 2, 1995. The State views default enrollment as a viable option to increase managed care enrollment in the absence of door-to-door marketing.

A work group comprised of beneficiaries, advocates, community clinic representation, Health Authority staff and DSS have been revising the Health Care Options material. There is concern that the State's implementation of default enrollment may confuse beneficiaries particularly given the fast approaching June 1996 start date for the two-plan model. This group will be meeting in the coming weeks to further refine the HCO materials distributed to Medi-Cal beneficiaries.

SAN FRANCISCO GENERAL HOSPITAL

4A Unit Renovation

SFGH received permission from the Office of State and Health Planning Development (OSHPD) to renovate Unit 4A, as a distinct part SNF. Construction began on August 29th. The unit is expected to open November 27 if all State licensing approvals go as planned.

Clinical Laboratory RFP

San Francisco General Hospital has initiated an RFP process for clinical laboratory services. Gayling Gee, Hospital Associate Administrator for Surgical and Specialty Services, will chair the Clinical Laboratory RFO Steering Committee which will oversee the process. Members of the committee will be drawn from physician and nurse providers from the SFGH, Laguna Honda Hospital, CPHS, and other user groups. Deloitte & Touche will be assisting in the effort. Development of the committee membership, goals, and RFP is under way.

Diversion Statistics

The Critical Care diversion for the period August 1 through August 31, 1995 was 32 hours and 5 minutes or 4%. The average census at time of diversion was 20 patients. Total ER diversion for the same period was 4 hours & 5 minutes or 0.5%.

LAGUNA HONDA HOSPITAL

All Time High Census

LHH achieved the highest census in recent history with 1181 patients on Friday, August 28th. The hospital is budgeted for an average daily census of 1175 patients.

Retirement of Building & Grounds Superintendent

Edward Craft, Building and Ground Maintenance Superintendent, has accepted the position of Plant Operations Manager for Kaiser Permanente. Mr. Craft has been an employee of the City and County of San Francisco since 1982, and has been with Laguna Honda Hospital for six years. Mr. Craft has been a valued management member in assisting Laguna Honda achieve its goal of empowering its employees to do their best. Mr. Craft's role at Laguna Honda included not only the management of capital improvement projects but also managing the Plant Engineers, Electricians, Plumbers, Painters and Carpenters.

Mr. Craft has been the motivating force behind the Annual Youth Services Day at LHH. This activity involves the participation of several hundred youth who complete a variety of outdoor projects on the Laguna Honda campus. Ed Craft is also the President of the Northern California section of the California Society for Hospital Engineering. We wish Mr. Craft well in his new endeavors.

Participation in Quality of Care Workshop

I congratulate Don Beck, M.D., Assistant Medical Director at Laguna Honda Hospital for his selection to participate in the upcoming workshop, "Improving Quality of Care in Nursing Homes: Use of Technology and Innovations in Practice", co-sponsored by the Long-Term Care Communication Coalition and California Geriatric Education Center and Stanford Geriatric Education Center.

COMMUNITY PUBLIC HEALTH SERVICES

FQHC Audit

For the past month, State auditors have been visiting the Department to review clinic operations and accounting procedures related to Federally Qualified Health Center (FQHC) reimbursements for our community-based health centers. I would not usually bring routine administrative matters to the attention of the Health Commission, but there is enough at stake in this audit to warrant keeping the Commissioners apprised. Not only is the nearly $6 million in FQHC revenues for the health centers in this year's budget at stake, but the audit could indirectly reflect on the viability of another $6 million in

FQHC revenues budgeted for SFGH; moreover, the results of the audit will define the allowable costs included in a request for retroactive reimbursements for the health centers.

The principle of cost-based reimbursement is contrary to the directions of virtually every other health care financing reform introduced in the last decade. There has been an extended controversy over how the State will protect cost-based reimbursement for FQHC clinics under managed care. For the Department, FQHC has been a major source of revenue to support our primary care network in state that ranks 51st in the nation in per eligible expenditures for its Medicaid program.

In an FQHC audit recently concluded in Santa Clara County, State auditors disallowed nearly half of their costs. While we do not believe our cost structure is vulnerable in the same way as Santa Clara, we are working diligently with the State auditors to justify the basis of our cost reports. Our fiscal staff, health center staff and a dedicated team from Deloitte and Touche have been meeting regularly with the State auditors. I will keep you posted as we get the preliminary results of the audit.

Homeless in Golden Gate Park

The Department staff were part of an effort to evaluate and assist homeless people in Golden Gate Park prior to police action to remove them from living in the park. Barbara Cowan, Director of Homeless Programs and the Department representative, participated in planning sessions with other representatives from the Police Department, the Mayor's Office, the Department of Social Services and the Recreation and Parks Department. Staff from Mental Health, Substance Abuse and Public Health conducted outreach to people in the park. During the first week, 80 homeless people were contacted by outreach teams at approximately 42 locations in the park. Of those contacted by DPH workers, two people were voluntarily escorted to the Tom Waddell Health Center for health care. In addition to the efforts formally organized through Matrix II, outreach workers, social workers and mental health case managers from the Tom Waddell Health Center also sought people out in the park to offer assistance. No PES referrals or 5150s occurred during the matrix outreach efforts.

DIVISION OF MENTAL HEALTH SERVICES

Revenue Enhancement Team

Mental Health has developed a revenue enhancement team coordinated by David Volpendesta. The team, together with active assistance of many program staff, successfully increased the Medi-Cal eligibility of clients in Mental Health by almost 10% in the past quarter.

COMMUNITY SUBSTANCE ABUSE

Federal Funding Cuts - SAMSHA

It is my understanding that the House of Representatives has voted to cut $570 million in federal funds for drug and alcohol treatment, prevention and education programs - more than 26% of the federal investment in these important programs.

Numerous studies show that: 1) drug use among kids is increasing; 2) the American people believe that too little is being done about illegal drugs and more needs to be spent on prevention and treatment; and 3) treatment works and it preserves the quality of life and save a community from needles expenditures on health care, welfare, criminal justice, and insurance premiums.

San Francisco programs that are at risk for Federal elimination under this proposal include:

Program	Target Population	Total Grant
Jelani House/Catholic Charities	Pregnant and postpartum women	$266,856 (CSAT)
Asian American Recovery Services	1) Day Treatment Monolingual Asian Substance Abusers 2) High Risk Youth 3) HIV Outreach	$541,052 (CSAT) $932,821 (CSAP) $327,554 (CSAP)
Glide Foundation	High Risk Youth	$480,559 (CSAP)
CSAS Target Cities	Central assessment, referral, and system of care development	$3,864,832 (CSAT)
Chemical Awareness and Treatment Services	Homeless substance abusers	$ 345,000 (CSAT)
Walden House	1) Substance abuse, HIV (adults) 2) SISTER Project (women) 3) Adolescent HIV Outreach (up to age 24)	$ 342,110 (CSAT/CMHS) $ 366,638 $ 215,285 (HRSA)

Substance abuse funding is being seriously reduced in all current federal scenario. The federal debate will continue in this arena over the next several months. The actual impact to San Francisco is not yet known but appears to be extremely detrimental under any current scenario.

OFFICE OF POLICY AND PLANNING

Appointment

I am pleased to announce the appointment of Joanna Uribe to the position of Senior Health Program Planner, in the Office of Policy and Planning. Joanna comes from the Family Mosaic Project, where she worked as a Planner. In her new role, Joanna will be responsible for coordinating and providing support for Children's programs in the Department and providing linkage to the Collaborative Planning Council for Children, Youth and Families.

EMERGENCY MEDICAL SERVICES

Red Light Running Grant

The EMS Agency is pleased to announce that we have received a grant award from Federal Highway Administration (FHWA). The total amount of the award is $27,700. The funds will be used to conduct a "Red Light Running" public awareness campaign in San Francisco, using a package of public information materials developed by FHWA for this purpose. The campaign will seek to educate the community about the risks associated with red light running and the need to comply with traffic signals. The San Francisco grant is part of a national effort by the Department of Transportation to reduce preventable injuries associated with red light running. The public information campaign is part of a multifaceted approach to the problem which includes stepped up enforcement efforts and the City's red light camera pilot project.

Dr. Hernández, along with her Executive Staff, welcomed Commissioner Debra Barnes and looks forward to working with her.

5) ANNUAL REPORT OF LAGUNA HONDA HOSPITAL

Anthony Wagner, Executive Administrator, provided highlights (Attachment A) of the Annual Report, which covered the following subjects:

Mission Statement/Strategic Planning
Clinical and Operational Highlights
Fiscal Year 1994-95 Financial Performance
Continuous Quality Improvement
Major Achievements
Facility Master Plan
Future Directions

A copy of the full report is available at the Commission Office.

Mr. Wagner acknowledged his management team, the Health Commission, and Dr. Hernández for their ongoing support.

Each of the Commissioners complimented Mr. Wagner and his staff for various aspects of the report and their commitment to excellence and quality of care.

Mr. Wagner introduced three speakers:

Valmarie Staff, President of the Residents Council
Ruth Holland, President of the Family Council
Jean McClatchy-Bricker, President of the Laguna Honda Hospital
  Volunteers Board of Directors

Public Speaker: Ms. Dunn, relative of a patient

President Jackson thanked Mr. Wagner and his staff for the comprehensive report.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

FROM ANTHONY G. WAGNER
EXECUTIVE ADMINISTRATOR

Laguna Honda Hospital (LHH) is owned and operated by the City and County of San Francisco and provides long term care and limited acute care services to the City's residents. LHH is governed through the San Francisco Health Commission and is operated as one of the divisions of the Department of Public Health (DPH).

During Fiscal Year 1994-95, Laguna Honda Hospital provided over 400,000 days of inpatient care, primarily nursing facility level care, but also rehabilitation, acute, hospice, AIDS, and respite services. While maintaining high standards, as evidenced by a successful licensing and certification survey as well as a high level of patient and family satisfaction, LHH staff also began a strategic planning process, expanded continuous quality improvement functions and participated in health department integration planning activities.

A strategic planning retreat was held in September, 1994, with a subsequent retreat in March, 1995. Critical issues affecting LHH were explored, mission and vision statements were developed and specific three year goals were identified. Progress on each of the three year goals has been accomplished.

Goal #1: **To empower the entire staff through continuous quality improvement (CQI).** Education of executive staff and managers about CQI has been ongoing and a mechanism has been established to foster interdisciplinary approaches and to provide cross-discipline education about hospital roles and operations. Major objectives are to eliminate barriers which impair teamwork and create needless complexity and to encourage creativity and innovation. Several staff members have been trained in task force facilitation techniques and task forces have been established to evaluate key processes which have been identified as problematic. A quality improvement newsletter has been published quarterly to provide information about CQI in general and to recognize the accomplishments of staff involved in CQI activities.

Goal #2: **To make the hospital financially independent from the City.** During Fiscal Year (FY) 1994-95, Laguna Honda received only $2,188,000 in general fund support toward a $101,789,000 operating budget. Through opening a new ward, identification of additional non-general fund revenue, improvement in billing processes, increased operating efficiencies and enhanced integration of clinical and financial information using a new hospital computer system, Laguna Honda's budget, as submitted for FY 1995-96, will require no general fund support. In order to sustain this independence from general fund support, LHH has collaborated with a healthcare consulting firm contracted to work throughout the Department of Public Health to identify new revenues, streamline operations and reduce costs.

Goal #3: **To improve the quality of life of patients at Laguna Honda Hospital.** This year LHH sponsored additional evening and weekend activities, lively celebrations of cultural diversity, a springtime brunch, and an expansion of the social component of the head injury day treatment program. Additionally, many long-standing LHH traditions continued, including the World Trade Center Christmas lunch, the Christmas party, the Mother's Day brunch, and the Valentine's Day dinner and dance.

As part of ongoing efforts to respect patient autonomy and privacy, the Bioethics Committee, working with all clinical disciplines, developed educational programs for staff on sexuality and intimacy in long term care. Funding from Volunteers Inc. Board for furnishings enabled the hospital to establish a privacy room for patients.

A major objective under this goal has been to assess how patients perceive the quality of their lives. A number of departments have developed surveys for completion by patients to evaluate their satisfaction with services, food, activities and the environment. Some surveys have been routine for certain groups of patients (a survey of all patients following discharge from the rehabilitation ward) and some have been completed periodically (surveys of nutrition services, activity therapy, nursing). The results of surveys have been presented to hospital managers as part of the continuous quality improvement program. Opportunities for improvement either within departments or across departments have been identified and resurveys are planned to assure that the improvements have been implemented.

Goal #4: **To establish Laguna Honda Hospital as a major participant in the redefinition and reorganization of the Department of Public Health's integrated delivery system.** Laguna Honda's vision, to be part of a comprehensive program to ensure an effective continuum of long term care services, is complementary to the DPH's plan for a seamless delivery system within an integrated structure. LHH staff have participated in Department of Public Health reorganization and integration work groups and in managed care planning.

Goal #5: **To complete a formal long term care plan which will include facilities and financing.** During Fiscal Year 1994-95, Laguna Honda staff modified the ongoing facility planning process in order to determine the type of replacement facility that should be recommended for Laguna Honda Hospital's physical plant. Working with the LHH Community Advisory Group, the Hospital's Administration began to reevaluate the initial proposal to replace LHH with a similar sized facility. As part of this effort, the Hospital will collaborate with the private hospitals of the county to determine the number of acute beds that are projected to be converted to nursing facility (NF) beds in the foreseeable future in order to estimate more accurately the NF bed requirements at LHH.

In the context of the overall planning process, Laguna Honda has a unique opportunity to work jointly with the Health Care Financing Administration (HCFA) to develop an exciting and somewhat different model of long term care. During May, 1995, Dr. Bruce Vladeck, Administrator of HCFA, visited Laguna Honda Hospital. After hearing a formal presentation outlining Laguna Honda's services, Dr. Vladeck expressed his intent to explore alternate mechanisms for financing long term care and his interest in LHH as a possible site for establishment of a new model. Over the next several months, LHH staff will be pursuing methods in which a new model for financing long term care services may be piloted at LHH. With support from HCFA and the State of California, this new model could potentially integrate financing, regulatory standards and programmatic rules and, ideally, would provide payment based on a patient's need rather than on the location at which services are provided.

LHH projects that, with the conversion of beds in acute care hospitals to nursing facility beds and with some innovation in the method of providing long term care services, fewer beds will be required at LHH than originally planned. LHH staff has assumed a leadership role in the development of a process whereby a long term care strategic plan for the City might be developed. LHH has been working with representatives of private sector long term care providers, community-based groups and other city agencies to develop this process.

The next few years will be especially challenging. Threats of decreased funding for federal and state programs which support long term care necessitate continuous reevaluation and the exploration of alternative means of providing services. In addition, the role of long term care in a managed care environment will be very important as efforts are made to provide services in settings other than acute care hospitals. Through the LHH strategic planning process, participation in Department of Public Health-wide integration and implementation of managed care and other models, LHH should be able to get closer to achieving its vision, continue to fulfill its mission and meet the challenges of providing a comprehensive range of services to seniors and the disabled, while maintaining its values.

Anthony L. Wagner

MISSION STATEMENT/STRATEGIC PLANNING

The mission statement for Laguna Honda Hospital is tied to the mission of the Department of Public Health and focuses on promoting health, ensuring access to services, and providing a continuum of care.

Department of Public Health Mission Statement

It is the mission of the San Francisco Department of Public Health to set health policies, enforce regulations and ensure provision of basic health services which promote the best possible state of physical and mental health for all San Franciscans. The Department shall:

- promote a healthy environment through ongoing surveillance and assessment of the community's health;
- adopt policies and standards and disseminate information that protects and promotes the public's health;
- ensure equal access to all; and
- ensure provision of a cost-effective continuum of essential health services.

Laguna Honda Hospital and Rehabilitation Center Mission Statement

The mission of Laguna Honda Hospital is to provide or ensure a continuum of health care services for senior and disabled residents of San Francisco. In fulfilling its mission, the Hospital shall:

- provide preventive, primary and institutional healthcare services, especially for the poor and others with inadequate access to services, and with priority to those in greatest need;
- participate as part of an integrated system of care within the Department of Public Health;
- strive for a high quality of life for residents by caring for their physical, medical, emotional, social and spiritual needs with cultural and linguistic sensitivity in a cost-effective manner;
- encourage the coordination and maintenance of culturally appropriate community-based healthcare programs;
- foster volunteer participation in community-based and institutional programs;
- be a national leader in the provision of community-based and institutional healthcare services for seniors and the disabled, as well as in research and education in the fields of geriatrics and rehabilitative care; and
- continually evaluate and improve the services provided.

STRATEGIC PLANNING

During FY 1994-95, Laguna Honda Hospital began a strategic planning process which is ongoing. A two-day Executive Committee Retreat was held in September, 1994, with a follow-up retreat in March, 1995. The Executive Committee and Dr. Hernández, Director of Health, worked with a facilitator to evaluate internal and external factors which would impact LHH over the next three years. The mission and vision statements were reviewed and reaffirmed and a list of values was developed. Three year goals were identified and specific objectives to meet those goals were outlined, with a time line for completion.

Laguna Honda Hospital Vision Statement

Laguna Honda Health Services will be a center of a comprehensive care program for seniors and for the disabled which provides or ensures a continuum of care ranging from preventive and community-based services to institutional services with an emphasis on keeping people at home.

Laguna Honda Hospital Values

- Excellence in service
- Operating at optimum efficiency
- Client-centered, culturally proficient, community-based care
- Dignity, respect, and autonomy for our clients
- Prevention and wellness
- Community and client input
- Respect, empowerment and development of our staff
- A diverse workforce
- A healthy, safe, clean environment
- Education for health care workers and clients
- Volunteers
- Trust, teamwork, collaboration and effective communication within our organization and with those with whom we interact outside our organization
- Accountability to ourselves and to the public
- Fostering a caring attitude towards clients, staff and volunteers
- Challenges and opportunities

Laguna Honda Hospital Three-Year Goals (1994-1997)

- Empower the entire staff through Continuous Quality Improvement
- Become financially independent from the City
- Improve the quality of life of the patients
- Be a major participant in the redefinition and reorganization of DPH's integrated delivery system
- Complete long term care planning including facilities and financing

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

September 19, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 5, 1995**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Michael D Shriver)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996, and monthly update of a plan for Shanti's debt repayment to the City

(3.2) Presentation of 1994-95 Fourth Quarter Revenue and Expenditure Report and recognition of 1994-95 Carry Forward Funds

(3.3) Consideration of an amendment to the existing lease between the San Francisco Department of Public Health Paramedic Division and Plant Properties, Inc

(3.4) Consideration of a resolution for a Department of Public Health Sliding Fee Scale Policy

(3.5) **CHS - CPHS** - Combined request for: 1) approval to apply for, accept and expend a new grant in the amount of $349,281 from the California Department of Health Services, Immunization

Branch, to fund the Collaborative Immunization Project for the period of January 1, 1996 through December 31, 1996; and 2) sole source approval for three new contracts: one with the Central American Resource Center in the amount of $41.864 per annum; one with the Good Samaritan Family Resource Center in the amount of $37,232 per annum; and one with the Mission Neighborhood Health Center in the amount of $50,422 per annum, to provide collaborative activities with the San Francisco Department of Public Health (DPH) Bureau of Epidemiology, Disease Control and AIDS regarding supplemental efforts to identify and immunize high-risk infants and toddlers for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 in FY 1994-95).

(3.6) DMS - CMHS - Multiyear contract renewal with Arriba Juntos - IAL, in the amount of $487,600 per year to provide day treatment services to severely emotionally disturbed adolescents ages 12-18 for the period July 1, 1995 through June 30, 1998. (DPH contracted with OBECA-Arriba Juntos - IAL for services totaling $395,749 in FY 1994-95).

(3.7) DMS - CMHS - Renewal contract with the reorganized Operation Concern/18th Street Services in the amount of $839,035 per year for the following services: Mental Health Services, Substance Abuse Services/Target Cities and AIDS Services, for the period October 1, 1995 through June 30, 1996. (DPH contracted with 18th Street Services for services totaling $612,860 in FY 1994-95).

(3.8) DMS - CMHS - Multiyear contract renewal with Volunteer Center of San Francisco, in the amount of $122,554 per year to provide community outreach services for the period July 1, 1995 through June 30, 1997. (DPH contracted with Volunteer Center of San Francisco for services totaling $74,714 during FY 1094-95).

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) CONSIDERATION OF A RESOLUTION ON BREAST CANCER AWARENESS MONTH

6) CONSIDERATION OF A RESOLUTION TO APPROVE THE IMPLEMENTATION OF THE HOME HEALTH PILOT PROJECT AT HEALTH CENTER #5

7) PRESENTATION AND UPDATE ON ISSUES CONCERNING EMERGENCY MEDICAL SERVICES AND RESPONSE FOR THE CITY:

A. UPDATE ON EMERGENCY MEDICAL SERVICES (EMS) AGENCY AND CONSIDERATION OF A RESOLUTION DIRECTING EMS TO PREPARE A CONFIGURATION PLAN BY FEBRUARY 1996

B PERSONAL SURVIVAL PLAN

C. COMBINED COMMUNICATION DISPATCH (9-1-1)

D. REVIEW OF PARAMEDIC RESPONSE TIMES

8) TIME SPECIFIC 5:00 P.M.: HEALTH CARE PLANNING ORDINANCE HEARING (PROPOSITION Q) FOR CALIFORNIA PACIFIC MEDICAL CENTER

9) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center Station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 19, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow, M.D. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Michael D. Shriver
Absent:	Commissioner Sharon Gadberry, Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 5, 1995

Action Taken: The Commission unanimously adopted the minutes of September 5, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Michael D. Shriver)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

Gloria Sandoval, Shanti Executive Director, reported the date for arbitration regarding Shanti's debt repayment to the City is set for November.

(3.2) Presentation of 1994-95 Fourth Quarter Revenue and Expenditure Report and recognition of 1994-95 Carry Forward Funds.

Monique Zmuda, CFO, reported the Department ended FY 1994-95 in a net positive position of $6.7 million. The Department will be submitting supplemental appropriation requests to augment the 1995-96 budget.

(3.3) Consideration of an amendment to the existing lease between the San Francisco Department of Public Health Paramedic Division and Plant Properties, Inc.

(3.4) Consideration of a resolution for a Department of Public Health Sliding Fee Scale Policy.

This item was continued to a future meeting so that the Commission could be provided with more information on fee schedules from other public and private hospitals.

(3.5) **CHS - CPHS** - Combined request for: 1) approval to apply for, accept and expend a new grant in the amount of $349,281 from the California Department of Health Services, Immunization Branch, to fund the Collaborative Immunization Project for the period of January 1, 1996 through December 31, 1996; and 2) sole source approval for three new contracts: one with the Central American Resource Center in the amount of $41,864 per annum; one with the Good Samaritan Family Resource Center in the amount of $37,232 per annum; and one with the Mission Neighborhood Health Center in the amount of $50,422 per annum, to provide collaborative activities with the San Francisco Department of Public Health (DPH) Bureau of Epidemiology, Disease Control and AIDS regarding supplemental efforts to identify and immunize high-risk infants and toddlers for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 in FY 1994-95).

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The Commission requested a written plan be submitted in 5 weeks regarding the staff composition to comply with Commission policy.

(3.7) **DMS - CMHS** - Renewal contract with the reorganized Operation Concern/18th Street Services in the amount of $839,035 per year for the following services: Mental Health Services, Substance Abuse Services/Target Cities and AIDS Services, for the period October 1, 1995 through June 30, 1996. (DPH contracted with 18th Street Services for services totaling $612,860 in FY 1994-95).

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Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Monfredini, Shriver) approved the Consent Calendar of the Budget Committee, except for #3.4, which was continued to a future meeting.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

Federal Budget (See Attachment A, Federal Budget Cuts Status Report).

State Budget

The Legislature ended session on Friday, September 15, 1995. Legislature has adopted the following amendments to AB 911 -- the Medi-Cal Budget Bill:

- Establishes January 1, 2000 as the sunset period for the new Transitional Inpatient Care Program. The Department still estimates that it will lose $500,000 in Medi-Cal funding in the current fiscal year from implementation of this program.

- Amends AB 911 (Drug Medi-Cal Bill) to allow substance abuse day care rehabilitative services for adolescents. AB 911 had eliminated this service for adolescents. As a result, community-based programs serving this population will be able to claim for Medi-Cal reimbursement of this benefit.

The Legislature did not reach consensus on any of the following issues:

- Funding the Governor's new CalREACH initiative -- approximately $20 million was needed to implement this program.

- Prenatal care services for undocumented women -- the Legislature has not appropriated the roughly $58 million necessary to continue this service on a state-wide basis. As a result, this service is an unfunded mandate of the State in the State budget.

- Partial repeal of Prop 99 maintenance of effort requirements -- to reduce the financial burden of localities in meeting matching requirements for State funds.

- Increased taxes on tobacco products -- funds would have been used to provide additional financial relief for Los Angeles and Orange counties, specifically, and provided additional funding for statewide Prop 99 services.

ADMINISTRATION

SB 697

The Department is continuing to work collaboratively with San Francisco hospitals and the Hospital Council of Northern and Central California to meet the Community Needs Assessment requirement of SB 697. The United Way, through its affiliate, the Northern California Community Services Council (NCCSC) is providing in-kind support to this project. Working with the hospitals, NCCSC will develop the Community Needs Assessment. NCCSC will produce a comprehensive report that will include demographic and health indicator data and will document community needs, resources, and perceptions of health-related issues. Several members of the NCCSC consulting team have worked on SB 697 Community Needs Assessments in neighboring counties and offer invaluable experience. All hospitals are pleased to be working with The United Way on this important endeavor. Hospitals hope to present the Community Needs Assessment to their respective consumers and constituents to validate community needs and prepare Community Benefit Plans to address service gaps.

CCHN Update

The Community Health Network of San Francisco (CHNSF) participated in the Festival de la Americas on Sunday, September 17th. The event showcased many of the CHNSF programs, including the Mission Immunization Project, Gladstone Institute, teen health, children and perinatal services, family health, and women's health services. For DPH, the day-long, family-oriented event brought together an integrated team of health care providers from SFGH, community clinics and health centers. On hand to staff tables and displays were physicians and staff from Gateway Health Center, health educators throughout the department, staff from Health Center #1, Potrero Hill, SFGH and PacifiCare. Festival de la Americas was the first major event held in conjunction with the Home Team--the new managed care marketing group now under contract with DPH. The Home Team and the DPH marketing committee will be evaluating and reassessing marketing strategies as these events occur and as new opportunities present themselves.

SAN FRANCISCO GENERAL HOSPITAL

State Licensing Visit

On Thursday, September 7, 1995, representatives from SFGH, Richard Cordova, Phyllis Harding and Gene O'Connell, met with staff from California State Licensing and Certification to discuss the processing of the two SFGH SNF bed applications: the 30-bed Med-Surg SNF and the 185 Mental Health Rehabilitation Facility.

The application for the 30 bed SNF has been completed and forwarded to State licensing staff to schedule visits for review and consultation. Renovation construction will be completed by the middle of November with the site evaluation scheduled for early December.

The application for licensure of the MHRF is near completion. State staff indicated they would like to tour the new facility in the near future. The Regional Administrator, Millie Francois, indicated support for both projects and offered staff assistance to get these programs licensed and operational. We will continue to provide updates as licensing progresses.

UCSF Dean's Office

The Dean's Office of the UCSF School of Medicine was recently reorganized to better-respond to the day-to-day office activities of the medical school and academic departments. In the reorganization, Dr. Bruce Wintroub was appointed Executive Vice Dean. In his new capacity, Dr. Wintroub will assist Dean Haile Debas with clinical activities, integrated practice and with affiliated institutes such as SFGH. Dr. Elliott Rapaport, Associate Dean of SFGH, will report to Dr. Wintroub on day-to-day matters. SFGH Administration and Haile Debas of the UCSF Dean's Office have set up quarterly meetings to enhance communications between the organizations. Given the dynamic changes occurring in health care, we believe this is a positive step.

Diversion Statistics

There has been 0% diversion from September 1 - 15, 1995.

COMMUNITY PUBLIC HEALTH SERVICES

Teen Health Fair

On Thursday, August 24th, Potrero Hill Health Center hosted its first "Teen Health Fair" in the Center's front parking lot at 1050 Wisconsin Street. The Fair had a wide focus on teens and health. The idea was to reach out to high-risk youth with the message that preventive health care is important and available, and at the same time provide safe sex information, testing and condoms as part of a coordinated AIDS prevention effort. The Fair was very successful, attracting over 200 young people and their families. Most of the attendees were from the targeted Potrero Terrace and Potrero Annex housing projects. The Health Fair featured food, rap music and AIDS awareness messages from Mohammed of the Real World TV show. The teens had the opportunity to ask the doctors and nurses questions. Eight young people received special counseling and testing for HIV antibody. The entire Center staff participated in making the Fair a successful event. Michael Radetsky Health Educator, Pam Smith Social Worker, Scott Halem Health Worker, and Dejuan Davis summer intern deserve special recognition for their efforts in planning the event and coordinating community outreach.

COMMUNITY SUBSTANCE ABUSE SERVICES

Target Cities Project

The Year III budget for San Francisco Target Cities Project has been substantially increased from $2.5 million in Year II to approximately $3.8 million in Year III. The figure reflects increased funding in the areas of assessment, case management, criminal justice and treatment expansion. We were able to maintain our current funding levels in administration, MIS and Primary Care.

Shortly after the Year III application was submitted, Target Cities requested and received $55,000 for a faith initiative to be linked to the project. In making their review, the committee stipulated that the MIS system should be operational consistent with timelines and the new main access site will be open during the Year II period. The basis for this review was that 500 clients have been seen by the San Francisco Target Cities Project.

The review committee also noted the In-Custody Drug Rehabilitation Court and the Out-of-Custody Services supported by the San Francisco Target Cities Project.

Also included in the funding for Year III was an additional $75,000 to assist with cross-site evaluation activities nationwide. We are extremely pleased with the new level of funding and support this program has received. While there remains some uncertainty regarding specific, CSAT's verbal and written communications indicate that the $3.8 million for Year III will be provided.

AUGUST STATISTICS

AIDS Statistics (from 7/1/81 to 08/31/95)

Total San Francisco reported cases:	21,895
Total San Francisco reported deaths	14,618
Total SF cases reported month to date	209
Total S.F. deaths reported month to date	126
Total California reported cases:	84,635 cases
(as of 7/31/95)	53,919 deaths
Total U.S. reported cases:	441,528 cases
(as of 12/31/94)	270,870deaths

San Francisco General Hospital

Inpatient

Average Daily Census	
Medical/Surgical	146.9
Maternal/Child (exclude newborns)	16.6
Newborn Nursery	10.6
Psychiatry	97.0
Actual Patient Days:	
Medical /Surgical	4,553
Maternal/Child (exclude newborns)	515
Newborn Nursery	329
Psychiatry	3,007
Admissions	
Medical/Surgical	1,004
Maternal/Child (exclude newborns)	228
Newborn Nursery	125
Psychiatry	253
Average Length of Stay	
Medical/Surgical	4.5
Maternal/Child (exclude newborns)	2.6
Newborn Nursery	4.4
Psychiatry	12.8
Discharge Patient Days	
Medical/Surgical	4,602
Maternal/Child (exclude newborns)	579
Newborn Nursery	582
Psychiatry	3,221
Discharges	
Medical/Surgical	1,022
Maternal/Child (exclude newborns)	223
Newborn Nursery	132
Psychiatry	252

Outpatient Visits

Primary Health	10,706
Family Health:	3,240
General Medicine:	2,186
Pediatric:	2,824
OB/GYN:	2,268
Specialty Clinics:	12,505

Emergency Activities

Non-Admit Emerg. Dept. Visits:	5,082
ED Visits resulting in Admissions:	806
Non-Admit Psychiatric Emergency Services:	306
Psych Emerg. Serv Resulting in Admis.	181
Psychiatric Emergency Consultations:	NA

Laguna Honda Hospital

All Beds	1,173
Acute Services	7
SNF Services	1,147
AIDS SNF	19

Mental Health (Weekly Averages)

Number of Patients at SFGH:	89
Number of Medically Complex	20
Number Total Care	1.5
Number HIV (see note)	
Number AIDS	5.5

Virtually all HIV patients are clustered on inpatient units 7B (HIV, Forensic, and Gay/Lesbian Focus Unit) and 4P (Psychiatric, triple diagnosis, Psychiatry/Substance Abuse/HIV Focus Unit), however, due to California State confidentiality statutes, these numbers would be approximate.

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1455
Maxine Hall Health Center:	660
Health Center #3:	781
Health Center #4:	1360
Health Center #5:	988
Tom Waddell Clinic:	1878
Potrero Hill Health Center:	612
Southeast Health Center:	827
Special Programs for Youth:	
Youth Guidance Clinic	3,602
Total Clinician Encounter	1,119
Total Provider Encounter	2,493

Disease Control

TB Clinic:	1,836
City Clinic:	1,460

SSI Clinic Summary as of 8/31/95

Referrals from GA	1,815	(443/wk)
No Shows	100	(5%)
Seen by Triage	1,715	(418/wk)
Significant Findings of Unemployables:		
Medical Problems	310	(38%)
Psychological Problems	474	(58%)
Med & Psych Problems	34	(4%)
Employability Ratings		
Employable: Workfare/ Job Search	780	(45%)
Indeterminate: Pt. Referral	117	(7%)
Temp Unemployable: ReEval Triage	795	(46%)
Perm Unemployable: Advocacy Unit	23	(1%)

Intake Unit	
Screened into Intake	114
Accepted into Project	96
Intake Activity)	
Initial SSI/SSA Applications Completed	32
Psychological Evaluations Completed	61
Carrying Unit	
Total Caseload: Active	96

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 9/2/95			*Year-to Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	295	203	210	3859	1620	1299
Campylobacteriosis	51	68	32	430	400	327
Giardiasis	59	43	21	216	258	271
Hepatitis A	13	54	31	136	169	266
Hepatitis B	7	8	6	48	51	38
Salmonella	20	24	24	131	109	108
Shigella	35	30	42	161	138	201
TB	34	25	26	243	189	186
Gonorrhea	228	203	172	1561	1446	1129
Syphilis	15	4	8	108	56	33

* Resident cases only.

August 1995

Community Substance Abuse Services

Persons on Wait List on Last Day	866
Daily Census on Last Day	6,768
Outpatient Visits Provided	41,409
Residential Days Provided	10,677

Referral Stats - SFGH OHS

August Statistics

Patient Volume		**Referrals**		**SFGH**	
New Patients	247	Physical Therapy	77	ED	35
Follow-up Patients	664	Orthopedics	33	X-ray	51
Total	911	Psychiatric	9		
		Neurology	8		
		Ophthalmology	6		
		Dermatology	1		
		Surgical	2		
		MRI	1		
		EMG	1		

5) CONSIDERATION OF A RESOLUTION ON BREAST CANCER AWARENESS MONTH

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Monfredini, Shriver) unanimously adopted Resolution # 22-95, "Endorsing the Designation of October as Breast Cancer Awareness Month in San Francisco and Supporting the Funding of a Breast Cancer Initiative", (Attachment B) .

6) CONSIDERATION OF A RESOLUTION TO APPROVE THE IMPLEMENTATION OF THE HOME HEALTH PILOT PROJECT AT HEALTH CENTER #5

The Department submitted the following information:

As part of its overall efforts to both restructure the organization and respond to the requirements of managed care, the Department is reconsidering the best way to provide home health services. Although the Department had an active home health agency a few years ago that focused primarily on indigent patients, a succession of budget cuts has reduced that agency to a license and some post-partum home visits. Home health care in the Department is now provided primarily through contract services.

The integration of the Eldercare Program into Health Center #5 and the targeting of seniors in the Sunset, Richmond and OMI neighborhoods has afforded an opportunity to conduct a pilot project to determine if the Department can operate a cost-competitive home health program that retains the basic mission and philosophy of a public health department. Staff in the Eldercare Program, supported by the administrative and clinical staff of Health Center #5, will be, with Health Commission approval, reconstituted as a Home Health Agency for the purpose of providing Medicare reimbursable services to seniors. The pilot project will give the Department some experience by which to judge whether we can directly provide home health services in a manner that is consistent with the best standards of patient care, generates revenues, reduces reliance on the General Fund and competes with private service providers. It can be an Instructive guide to any further consideration of expansion of home health services within the Department.

In order to conduct the pilot project, the Home Health Agency must have its Policies and Procedures Manual and its Home Health Agency Fee Schedule approved by its governing board.

Commissioners raised the following points:

- for large documents (i.e. policies and procedures), the Commission requests receipt of the documents well in advance for review.
- within the Commission liaison system, a specific Commissioner be oriented on the policy issue prior to coming to the full Commission.
- the Director of Health has the administrative authority to appoint the Home Health Director, without subject to formal approval by the Commission.

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Monfredini, Shriver) adopted Resolution #23-95, "Approving the Revised Policies and Procedures Manual of the San Francisco Department of Public Health Home Health Agency and Recommending the Adoption of the Home Health Agency Fee Schedule to the San Francisco Board of Supervisors", (Attachment C).

7) PRESENTATION AND UPDATE ON ISSUES CONCERNING EMERGENCY MEDICAL SERVICES AND RESPONSE FOR THE CITY:

A. UPDATE ON EMERGENCY MEDICAL SERVICES (EMS) AGENCY AND CONSIDERATION OF A RESOLUTION DIRECTING EMS TO PREPARE A CONFIGURATION PLAN BY FEBRUARY 1996

Dr. Mitch Katz provided an update on the following:

a. EMS Medical Director search.
b. EMS Agency reporting relationship with the Department of Public Health.
c. Short-Term goals of the EMS Agency:

    1. Use of ambulance vehicle locator (AVL) devices to summon the nearest ambulance (public or private) for Code 3 calls.
    2. Installation of cellular phones in ambulances.
    3. Enhancement of first responders.
    4. Choice of dispatch algorithms and prearrival instructions.
    5. Use of EMS date base to provide policy-relevant data.

d. EMS Configuration Plan.

Public Speakers: (requested a longer planning timeline)

Arthur Hsieh, Paramedic, Local 790 Steward
John Hanley, S.F. Fire Fighters Union
Glenn Ortiz-Schuldt, S.F. Paramedic Association
Sebastian Wong, Paramedic Division
Ehrhardt Groothoff, DPH Paramedic Division

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Monfredini, Shriver) adopted Resolution #24-95, "Directing the Emergency Medical Services Agency to Prepare a Configuration Plan by February 1996", (Attachment D).

B. PERSONAL SURVIVAL PLAN

Jorge Palafox, EMS staff, presented the Department's Personal Survival Plan, (Attachment E).

Dr. Hernández acknowledged the presence of Admiral Bitoff, Office of Emergency Services, and Chris Wachsmith, SFGH Associate Administrator for Pre-Hospital and Emergency Care.

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Monfredini, Shriver) adopted Resolution #25-95, "Supporting a Citywide Employee Disaster Survival Plan Policy", (Attachment F).

C. COMBINED COMMUNICATION DISPATCH (9-1-1)

D. REVIEW OF PARAMEDIC RESPONSE TIMES

Pippa Amick, Paramedic Division, provided an update on the progress of the Combined Emergency Communications Center (CECC), the Automatic Vehicle Location (AVL) system, computer aided dispatch (CAD), the MOU for the operation of the Center, and the Division's response time performance. The detailed report is available at the Commission Office (554-2666).

8) TIME SPECIFIC 5:00 P.M.: HEALTH CARE PLANNING ORDINANCE HEARING (PROPOSITION Q) FOR CALIFORNIA PACIFIC MEDICAL CENTER (CPMC)

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services to the community from the California Pacific Medical Center:

> To relocate the Urgent Care Center, presently at the California Campus, to the Pacific Campus Emergency Department, and to consolidate the California Campus Emergency Department into the Pacific Campus.

Commissioner Monfredini, an employee of the CPMC Foundation, will abstain from discussing or voting on this item.

Dr. Michael Rokeach, Director of CPMC Department of Emergency Services, presented information on CPMC's latest intent to modify the Emergency Department and Urgent Care Center.

During the past several months CPMC has monitored the usage - both by volume and profile - of the California Campus Urgent Care Center and Standby Emergency Department. Unfortunately, many of the patients coming to that facility have required the acute care provided at the Pacific Campus rather than the non-emergent services of the Urgent Care Center. Over 40 patients per month require transfers from the California Campus Urgent Care Center to the Pacific Campus Emergency Department.

CPMC feels that their responsibility to provide the appropriate level and high quality care to their patients necessitates the complete consolidation of their Emergency Departments. To maximize patient safety, the plan is to locate their Urgent Care Center contiguous to the Pacific Campus Emergency Department, and to consolidate the California Campus Emergency Department into the Pacific Campus.

CPMC is also in discussions to open a Pediatric After Hours Clinic at the site of the current Urgent Care Center, thus enhancing their ability to provide appropriate care to families.

The Pacific Campus is 7-8 minutes and 1.8 miles from the California Campus.

President Jackson emphasized the importance of a marketing program giving information to the community about this change.

Commissioner Castaneda encouraged CPMC to monitor this transition so that people in need are served.

Commissioner Chow pointed out the basic question is whether this change will or will not be detrimental to the public.

The Commission will make a determination at the next Commission meeting on October 3, 1995.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (6)

City and County of San Francisco **Department of Public Health**

Sandra R. Hernández, M.D.
Director of Health

Date: September 19, 1995

To: President Arthur Jackson and
Honorable Members of the Health Commission

From: Sandra R. Hernández, M.D SRH

Subject: **Federal Budget Cuts**

Attached please find documents which have been were prepared for the September 20, 1995 Board of Supervisors Budget Committee Meeting.

As you can see, the Department has projected the potential financial implications for the Department in three primary areas, Medicaid, Medicare, and SAMHSA (Substance Abuse and Mental Health Services Administration) related reductions.

The current Congressional deliberations target federal reductions for the seven year period 1995-96 through 2001-2002. The enclosed chart indicates that, at this time, we project a $8.8 million reduction from federal revenue sources in this fiscal year. In fiscal year 2001-2002, we project an annual reduction of $90 million given gradual increases in projected need, and continued compounded financial reductions. Also enclosed is a chart which highlights the community impact of the pending cuts for San Francisco.

As you are aware, Congress is still engaged in FY 96 budget deliberations. The Welfare Reform bill is scheduled for a Senate floor vote this afternoon. If it passes the Senate, it will likely not be wrapped into the budget reconciliation bill. It will be further negotiated in a House and Senate Conference Committee, before going to the President. Please be aware that many of the controversial and yet to be defined details included in the Welfare Reform bill will have significant public health implications.

I will provide the Commission with more specific detail on vulnerable grants and/or other health program cuts, when we have more certainty regarding the fate of these programs

Attachment A
Page 1 of 3

(415) 554-2600 101 Grove Street San Francisco, CA 94102

DEPARTMENT OF PUBLIC HEALTH
POTENTIAL FEDERAL BUDGET CUTS

	1995-96			2001-02		
	Adopted Budget	Projected Revenues	Revenue Deficit	Projected Need	Estimated Support	Revenue Difference
MEDICAID						
Patient	208.4	206.1	(2.33)	314.7	259.2	(55.50)
DSH	38.0	37.6	(0.43)	57.4	47.3	(10.10)
FQHC	12.6	12.5	(0.14)	19.0	15.7	(3.30)
Sub-Total	259.0	256.1	(2.90)	391.1	322.2	(68.90)
MEDICARE						
Patient	42.9	42.4	(0.50)	60.06	52.06	(8.00)
DSH	6.4	5.9	(0.50)	8.96	4.5	(4.46)
Sub-Total	49.3	48.3	(1.00)	69.02	56.56	(12.46)
SAMSHA	12.1	7.2	(4.93)	15.3	7.2	(8.10)
TOTAL	320.4	311.6	(8.83)	475.4	386.0	(89.46)

NOTES

1 DPH percentage growth in Medicaid and Medicare fundings over last four years:

Fiscal Year	Medicaid	Medicare
1992-93 to 1993-94	5.8%	4.1%
1993-94 to 1994-95	13.7%	16.0%
1994-95 to 1995-96	7.9%	-1.6%
All Year	38.2%	18.8%
Average	9.12%	6.2%

2 Medicaid growth caps as follows:
1995-96 - 8%; 1996-97 - 5.5%; 1997-98 to 2000-01 - 4% in each year; 2001-02 - 1.9%

Attachment A
Page 2 of 3

SF FEDERAL BUDGET IMPACT 1995/96 - 2001/02

Legal Immigrants
Employable Poor
Drug/Alcohol Addicted

CURRENTLY RECEIVING FEDERAL ASSISTANCE

OVER THE NEXT SEVEN YEARS WILL LOSE ELIGIBILITY FOR

AFDC (3,200 cases by 2000)
SSI (4,900 cases by year 1997)
Food Stamps (3,900 cases by year 1996)
Medi-Cal (10,000 - 30,000 clients by 2002)
WIC (Immigrants could lose eligibility)
Job Training (3,200 clients by 2000)
Subsidized Childcare (3,200 clients by 2000)

And lose access to other federal programs that were scaled back or eliminated:

Public Housing
Housing Subsidies
Special Education
Drug Treatment

AND MAY BECOME ELIGIBLE FOR COUNTY FUNDED PROGRAMS

GA (8,100 new cases by 2000)
Indigent Medical Care
Homeless Services

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 22-95

ENDORSING THE DESIGNATION OF OCTOBER AS BREAST CANCER AWARENESS MONTH IN SAN FRANCISCO AND SUPPORTING THE FUNDING OF A BREAST CANCER INITIATIVE

WHEREAS, breast cancer rates in the Bay Area and in San Francisco are among the highest in the world; and,

WHEREAS, a recent study by the Department of Public Health has determined that breast cancer among African American women under the age of 50 in the Bayview/Hunters Point community is twice the rate of a comparable group in the rest of San Francisco; and,

WHEREAS, there is compelling need to conduct similar studies of subpopulations in San Francisco to identify other potential high risk groups; and,

WHEREAS, there is additional need to increase public awareness about breast cancer and to augment existing efforts to screen, diagnose and treat breast cancer at the earliest possible stage; and,

WHEREAS, new services funded through a Breast Cancer Initiative would complement the activities supported by the Breast and Cervical Cancer Control Project (BCCCP) and the Breast Cancer Early Detection Program (BCEDP) by providing additional access to education, screening and diagnosis with targeted outreach to high risk groups; and,

WHEREAS, the Board of Supervisors has urged the Department of Public Health to enhance its efforts to prevent and detect breast cancer and to reach targeted populations who are not receiving adequate mammograms and detection exams: now, therefore, be it

RESOLVED, that the Health Commission does hereby urge the Board of Supervisors and the Mayor of the City and County of San Francisco to designate October as Breast Cancer Awareness Month in San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission supports Departmental efforts to develop the Breast Cancer Initiative.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 19, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 23-95

APPROVING THE REVISED POLICIES AND PROCEDURES MANUAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH HOME HEALTH AGENCY AND RECOMMENDING THE ADOPTION OF THE HOME HEALTH AGENCY FEE SCHEDULE TO THE SAN FRANCISCO BOARD OF SUPERVISORS

WHEREAS, the San Francisco Department of Public Health received its License from the California Department of Health Services to operate and maintain a Home Health Agency (HHA) in 1986; and,

WHEREAS, the Home Health Agency has provided billable services to the MediCal population over the last ten years; and,

WHEREAS, the Home Health Agency will be piloting home care services to the Medicare population in the Sunset, Richmond and OMI Districts of San Francisco in Fiscal Year 1995-96; and,

WHEREAS, the Federal Social Security Act requires that the Home Health Agency Policies and Procedures Manual be approved by an Agency's governing board; and,

WHEREAS, the fee schedule for the Health Home Agency must be approved by the Health Commission and recommended to the Board of Supervisors for adoption; now, therefore, be it

RESOLVED, that the Health Commission approves the San Francisco Department of Public Health Home Health Agency Policies and Procedures Manual; and, be it

FURTHER RESOLVED, that the Health Commission recommends to the Board of Supervisors the adoption of the fee schedule for the Home Health Agency for fiscal year 1995-96.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 19, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-95

DIRECTING THE EMERGENCY MEDICAL SERVICES AGENCY TO PREPARE A CONFIGURATION PLAN BY FEBRUARY 1996

WHEREAS, the Health Commission of the City and County of San Francisco has heard an update from the Emergency Medical Services (EMS) Agency and understands the need for submission of an updated plan for San Francisco; now, therefore, be it

RESOLVED, that the Health Commission direct the EMS Agency to prepare an EMS Configuration Plan; and, be it

FURTHER RESOLVED, that the plan reflects an open process where all those interested in our EMS system can give input to the plan; and, be it

FURTHER RESOLVED, that the EMS Agency shall present the plan to the Health Commission for policy approval in February of 1996.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 19, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

PERSONAL SURVIVAL PLAN
OUTLINE
9/19/95

Purpose: To identify DPH disaster preparedness strategies that promote the health and safety of each DPH employee and his/her family and increase chances for survival following a catastrophic emergency.

I. Training

A. SFFD sponsored NERT Training
Training provides basic survival skills and knowledge required to promote self-sufficiency following a disaster. Course includes basic principles of first aid and START as a triage and treatment process for persons with no medical training

B. Require all DPH personnel to attend class at least once. Determine appropriate core group -- i.e., floor monitors, medical teams -- to maintain certification current.

C. Consider mechanism and costs for maintenance of NERT certification.

D. Include DPH disaster preparedness component in new employee orientation.

E. Promote CPR and First Aid Certification among DPH employees.

II. Work Site Safety

A. Work site supplies and equipment
- Three different sizes distributed throughout DPH facilities. Sizes: Backpack, duffel bag, and metal storage cabinets.
- Develop list of what each package contains and location of where they are located in each facility.

B. Personal Survival Kit (proposal)
- Promote a "mini-desk kit" to be kept at each employee's desk and purchased by each employee at cost through DPH sponsorship.
- Require development of a City mandate to promote personal survival as part of each departmental hazard mitigation plan.

C. Consider issues of storage and bulk purchase.

D. Educational component, to include drills, e.g., evacuation of site

III. Home Safety/Family Plan

A. Distribute Red Cross model for home safety and preparedness.

B. Promote on-going Employee Information Program (i.e., DPH newsletter, information with employee paycheck, etc.) on work site safety and to encourage development and implementation of a home safety plan.

C. Integrate PREP program as a tool for individual home preparedness.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 25-95

SUPPORTING A CITYWIDE EMPLOYEE DISASTER SURVIVAL PLAN POLICY

WHEREAS, the Department of Public Health Mission states that the Department shall assess, evaluate, educate and disseminate information regarding conditions that affect the public's health; and,

WHEREAS, the City and County Policy mandates that each City and County employee is designated as a Disaster Service Worker following a major disaster and will perform roles and responsibilities as assigned to mitigate a response and continue critical City services; and,

WHEREAS, there does not currently exist a plan or program within each of the City Departments which addresses the survival needs of each employee to ensure continued operations of critical services; and,

WHEREAS, the City and County of San Francisco does not have standard training for City employees to provide survival skills and knowledge required to promote self-sufficiency following a disaster; and,

WHEREAS, certification in Cardio-Pulmonary Resuscitation (CPR) and first aid is not required of all City employees which will benefit medical care rendered following a catastrophic disaster, and enhance bystander participation in routine emergency medical calls, especially those involving cardiac arrest situations; and,

WHEREAS, there does not exist the required equipment and supplies strategically located throughout City and County work sites to promote the safety and survivability of each employee; and,

WHEREAS, a coordinated campaign is needed to ensure that each employee addresses home safety and develops a plan to protect the family following a disaster; now, therefore, be it

RESOLVED, that the Health Commission recommends to the Mayor and Board of Supervisors the development of a citywide policy to address the personal survival needs of all City employees to minimize the loss of life and property, and disruption to critical City services for the community following a catastrophic disaster; and, be it

FURTHER RESOLVED, that the Health Commission supports the Department of Public Health's efforts to promote and protect the health and safety of each employee within the Department and acknowledges the Department's Personal Survival Plan Policy as model for other City Agencies.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 19, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment F
Page 1 of 1

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Margel F. Kaufman
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

C

/19/95

Public Hearing

NOTICE

DOCUMENTS DEPT.
SEP 18 1995
SAN FRANCISCO
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Special Public Hearing

Tuesday, September 19, 1995
Time Specific: 5:00 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public Hearing, in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services to the community from the California Pacific Medical Center:

> To relocate the Urgent Care Center, presently at the California Campus, to the Pacific Campus Emergency Department, and to consolidate the California Campus Emergency Department into the Pacific Campus.

8/19/95

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

October 3, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 19, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Michael D. Shriver)

(3.1) DPH - Request for approval of a resolution authorizing the Department of Public Health to accept and expend retroactively 33 recurring grants from the State of California for a total of $18,578,891 for Fiscal Year 1995-96 in order to comply with State regulations regarding the receipt of Grant Funds.

(3.2) DMS - CSAS - Request for approval of a supplemental appropriation for $2,000,000 for Community Substance Abuse Services to replace lost Federal monies with County General Fund monies to make up for a funding shortfall in existing perinatal services and to augment the existing budget for the multidiagnosis substance abuse treatment program for 1995-96.

(3.3) DMS - CMHS - Request for approval to apply for retroactively and accept and expend a new grant in the amount of $49,996 from the San Francisco Equal Opportunity Council; supplies valued at an amount not to exceed $25,000 will be provided by the funder, bringing the maximum possible value of the award to $74,996. The award will support a substance abuse prevention and intervention project targeting children and families enrolled in local Head Start programs for the period of September 1, 1995, to June 30, 1996. CMHS will subcontract with the San Francisco Equal Opportunity Council, the primary recipient of these federal Target Cities Grant Funds.

(3.4) **DMS - CMHS** - Retroactive renewal of a contract with the Regents of the University of California, SFGH, Department of Psychiatry, in the amount of $1,341,300 to provide outpatient, mental health case management services for the period July 1, 1994 through June 30, 1995. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.5) **DMS - CMHS** - Renewal of a multiyear contract with San Francisco Drug Abuse Advisory Board, Inc., in the amount of $50,361 per year, to provide staff support to the Drug Abuse Advisory Board (DAAB) and the Citywide Alcoholism Advisory Board (CAAB) for the period July 1, 1995 through June 30, 1999.(DPH contracted with San Francisco Drug Abuse Advisory Board, Inc., for services totaling $50,361 during FY 1994-95).

(3.6) **DMS - CSAS** - Renewal contract with Larkin Street Youth Services, Inc., in the amount of $362,500 to serve as fiscal agent and to provide services for the Homeless Youth Substance Abuse Project for the period July 1, 1995 through June 30, 1996. (DPH contracted with Larkin Street Youth Services for services totaling $644,016 during FY 1994-95).

(3.7) **CHS - AIDS** - Request for retroactive approval for the allocation of supplemental funds from the Federal Centers for Disease Control in the amount of $1,799,998, for the period October 1, 1995 through December 31, 1996, for eight community based programs: Haight Ashbury Free Clinics, Inc.-- Youth Outreach Team for $126,800; San Francisco Black Coalition on AIDS for $59,670; Haight-Ashbury Free Clinics, Inc.-- Street Outreach Services for $210,000; UCSF--Urban Health Study for $70,196; San Francisco Black Coalition on AIDS--Institute for Community Health Outreach for $250,718; Westside Community Mental Health Center for $415,948; GAPA Community HIV Project for $489,084; and Stop AIDS Project for $177,582. (DPH contracted with Haight Ashbury Free Clinics, Inc., for services totaling $8,523,587; with San Francisco Black Coalition on AIDS for services totaling $503,385; with UCSF for services totaling $59,963,224; with Westside Community Mental Health Center for services totaling $2,759,397; with GAPA Community HIV Project for services totaling $537,397; and with Stop AIDS Project for services totaling $151,427 during FY 1994-95).

4) DIRECTOR'S REPORT

(Anthony Wagner, Acting Director of Health)

5) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE RELOCATION OF THE URGENT CARE CENTER OF THE CALIFORNIA PACIFIC MEDICAL CENTER (CPMC), PRESENTLY AT THE CALIFORNIA CAMPUS, TO THE PACIFIC CAMPUS EMERGENCY DEPARTMENT, AND THE CONSOLIDATION OF THE CALIFORNIA CAMPUS EMERGENCY DEPARTMENT INTO THE PACIFIC CAMPUS, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

6) CONSIDERATION OF A RESOLUTION FOR A GIFT ACCEPTANCE POLICY

7) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 3, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Rebecca P. Castaneda, D.D.S.
	Commissioner Edward A. Chow. M.D.
	Commissioner Sharon Gadberry, Ph.D.
	Commissioner Arthur M. Jackson
	Commissioner Lee Ann Monfredini
	Commissioner Michael D. Shriver (left at 3:45 p.m.)

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 19, 1995

Action Taken: The Commission unanimously adopted the minutes of September 19, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) DPH - Request for approval of a resolution authorizing the Department of Public Health to accept and expend retroactively 33 recurring grants from the State of California for a total of $18,578,891 for fiscal year 1995-96 in order to comply with State regulations regarding the receipt of Grant Funds.

(3.2) **DMS - CSAS** - Request for approval of a supplemental appropriation for $1,825,689 for Community Substance Abuse Services to replace lost Federal monies with County General Fund monies to make up for a funding shortfall in existing perinatal services and to augment the existing budget for the multidiagnosis substance abuse treatment program for 1995-96.

(3.3) **DMS - CMHS** - Request for approval to apply for retroactively and accept and expend a new grant in the amount of $49,996 from the San Francisco Equal Opportunity Council; supplies valued at an amount not to exceed $25,000 will be provided by the funder, bringing the maximum possible value of the award to $74,996. The award will support a substance abuse prevention and intervention project targeting children and families enrolled in local Head Start programs for the period of September 1, 1995, to June 30, 1996. CMHS will subcontract with the San Francisco Equal Opportunity Council, the primary recipient of these federal Target Cities Grant Funds.

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> Commissioner Shriver encouraged the two Advisory Boards to look at an integrated substance abuse system instead of isolating the two areas.

(3.6) **DMS - CSAS** - Renewal contract with Larkin Street Youth Services, Inc., in the amount of $362,500 to serve as fiscal agent and to provide services for the Homeless Youth Substance Abuse Project for the period July 1, 1995 through June 30, 1996. (DPH contracted with Larkin Street Youth Services for services totaling $644,016 during FY 1994-95).

> Commissioner Castaneda inquired as to the cost of units of service.

(3.7) **CHS - AIDS** - Request for retroactive approval for the allocation of supplemental funds from the Federal Centers for Disease Control in the amount of $1,799,998, for the period October 1, 1995 through December 31, 1996, for eight community based programs: Haight Ashbury Free Clinics, Inc.-- Youth Outreach Team for $126,800; San Francisco Black Coalition on AIDS for $59,670; Haight-Ashbury Free Clinics, Inc.-- Street Outreach Services for $210,000; UCSF--Urban Health Study for $70,196; San Francisco Black Coalition on AIDS--Institute for Community Health Outreach for $250,718; Westside Community Mental Health Center for $415,948; GAPA Community HIV Project for $489,084; and Stop AIDS Project for $177,582. (DPH contracted with Haight Ashbury Free Clinics, Inc., for services totaling $8,523,587; with San Francisco Black Coalition on AIDS for services totaling $503,385; with UCSF for services totaling $59,963,224; with Westside Community Mental Health Center for services totaling $2,759,397; with GAPA Community HIV Project for services totaling $537,397; and with Stop AIDS Project for services totaling $151,427 during FY 1994-95).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

President Jackson made the following announcements;

Commissioner Lee Ann Monfredini has been appointed to the Budget Committee of the Commission, effective today.

At our October 17, 1995 Commission Meeting, we will have a Special Joint Hearing on Sexual Assault Services with the Commission on the Status of Women, time specific at 4:30 p.m. This item will be one of the items for our October 17 agenda.

Our November 7, 1995 Commission Meeting will be at Carr Auditorium, San Francisco General Hospital, from 3:00 p.m. The Budget Committee will be at 2:00 p.m. The November 7 Commission meeting will be our Annual Report of San Francisco General Hospital.

Commissioner Debra Barnes has been appointed to serve as Ex-Officio on the San Francisco General Hospital Foundation Board of Directors.

4) DIRECTOR'S REPORT

(Anthony Wagner, Acting Director of Health)

MANAGED CARE

Health Care Options

Last week, the State Department of Health Services notified the Department that it would not implement managed care default enrollment during the month of October. Default enrollment was scheduled to begin Monday, October 2, 1995.

The State delayed implementation until it has completed the necessary translation of the Health Care Options materials into Spanish, Vietnamese and Cantonese. We believe it is important to have HCO information translated to ensure monolingual speaking Medi-Cal beneficiaries have access to managed care enrollment materials.

As you know, the Department questioned the appropriateness of implementing default enrollment prior to the implementation of the Two-Plan Model. We have been concerned that implementation of default enrollment during this interim period would create confusion for Medi-Cal beneficiaries and lead to unnecessary disruption of care.

The State has not set an alternative date for the implementation of default enrollment. The Department will continue to work with the State on this issue and keep the Health Commission apprised of any new developments.

State Two-Plan Model Waiver

The Department received informal notice that the Health Care Financing Administration asked the State to provide additional information on its waiver application for the two plan model. Under federal regulations, HCFA must either approve, deny, or ask for additional information on a waiver within 90 days of a state's application period. There is no deadline on the State's response to

HCFA's request for additional information. The Department has not seen HCFA's letter and therefore cannot comment on what issues were raised by HCFA.

As you know, the Department has several concerns with the State's Two-Plan Model waiver, including: the capitation rates, safety net protection, cost-based reimbursement for Federally Qualified Health Centers and transition period issues. We are pleased that HCFA is undertaking a detailed review of this waiver given the magnitude of the State's Medi-Cal managed care plan.

Commercial Plan Awards

Under the State's time frame, between October 2, 1995 and October 16, 1995, it will announce the successful bidders of the commercial plan contracts in all 12 managed care counties. Three health plans -- Blue Cross, Foundation Health and PacifiCare -- submitted applications to become the single commercial plan providing managed care services to Medi-Cal beneficiaries in San Francisco. This commercial plan, along with the San Francisco Health Authority, will enroll Medi-Cal beneficiaries under managed care. We received informal notice the State will not be announcing the successful bidders this week. As soon as the State does release this information, the Department will inform the Health Commission.

BUDGET

Congressional Hearing on Medicare and Medicaid:

On Monday, October 2, 1995 Congresswoman Pelosi, Congresswoman Woolsey and Congressman Lantos held a public hearing on the implications of Medicare and Medicaid reductions. The proposed Republican budget calls for cuts of $182 billion in Medicaid and $270 billion in Medicare over the next seven years.

The hearing was organized into three distinct panels: 1) The Perspective of Families; 2) The Impact on Providers; and 3) The Impact of Medicaid Reductions. Richard Cordova, Executive Administrator of San Francisco General Hospital and I were invited to present our testimony which will become part of the official record when it is referenced in an upcoming Special Hearing on this issue in the House of Representatives. I will continue to keep this Commission apprised of federal budget proposals as the legislation develops.

1996-97 Baseline Budget

As we have done in previous years, the Department submitted its baseline expenditure and revenue estimates for fiscal year 1996-97 to the Mayor's Office. Based on our calculations, the Department's General Fund request will increase by $53.3 million from the current General Fund allocation.

The baseline expenditure and revenue estimates will be used by the Mayor's Office to determine our 1996-97 General Fund allocation. The Mayor's Office has indicated that it will release 1996-97 General Fund allocations in mid-November 1995.

The $53.3 million General Fund increase reflects the Department's estimate of the additional funds needed to provide the current level of service in 1996-97. The increased General Fund requirement is due to several factors, including employee MOU obligations, annualization of current year services, and the loss of revenues budgeted in 1995-96. Increased expenditures account for $22 million of the General Fund increase while loss revenues account for $31.3 million of the General Fund increase.

In previous years, the Department has been able to offset increases in expenditures through maximizing federal and State revenues. However, Republican budget proposals to reduce Medicaid and Medicare spending will severely jeopardize our ability to maintain our current level of funding. As a result, the Department estimates that of the $31.2 million revenue reduction, $21 million is due to federal budget reduction proposals. In fact, almost 40% of the increased General Fund request is due to proposed Medicaid and Medicare reductions.

Because the federal budget is still unresolved, the Department anticipates that it will need to revise the baseline revenue projection to reflect updated federal budget proposals. In addition, the Department foresees increased service needs in 1996-97. Meeting this need will require additional General Funds in excess of the amount stated above. The Department is in the process of identifying critical service programs which it strongly believes should be funded in 1996-97. The Department will present these proposed service enhancements to the Health Commission for its consideration. If these programs are approved, then the Department will subsequently revise its baseline expenditure budget to include an additional General Fund request to fund these critical services.

1115 WAIVER -- Los Angeles County

Federal officials have given preliminary approval for Los Angeles County to participate in a Section 1115 Medicaid demonstration project. The demonstration project proposal would bring an additional $364 million in funding for health care services to the County. The proposed waiver would have no effect on the State's General Fund.

While detail of the five-year waiver are still being clarified, it is our understanding that federal assistance is contingent on Los Angeles County significantly restructuring its health care delivery system towards outpatient settings. The components of the $364 million are: (1) $299 million relating to the accounting, retention and calculations for disproportionate share funds, (2) $40 million in federal funds to provide indigent health care services to documented persons and (3) $25 million in public health service grants for various public health activities.

As Dr. Hernández noted in a previous report to this Commission, Los Angeles's health care system is facing a $655 million deficit this current fiscal year. Because the amount of federal assistance package does not cover Los Angeles County's entire deficit, some lay-off's and facility closures may still be necessary.

The State estimates that the waiver will be completed within the next two weeks. You may recall that, in accordance with AB 911, the State will notify all counties of the possibility of participating in this waiver. The Department will analyze the final waiver to determine whether it would be beneficial for the County to participate in this demonstration project.

ADMINISTRATION

Merger of Operation Concern and 18th Street Services

I am pleased to report that the boards of 18th Street Services and Operation Concern approved the merger of the two organizations. The new organization's name is Operation Concern/18th Street

Services. In keeping with the long-standing tradition of both agencies, the new organization will continue to provide HIV prevention, mental health counseling, substance abuse recovery, outreach to elders and other services to the gay, lesbian, bisexual and transgender communities. I am confident that Operation Concern/18th Street Services will ensure the viability of these essential programs.

Employees Combined Charities Campaign

The 1995 City Employees Combined Charities Campaign will kick-off in October, Richard Cordova has agreed to coordinate the campaign for the Department of Public Health.

Stork Update

I want to offer my congratulations to Phil Arnold and Monique Zmuda on the birth of their beautiful daughter yesterday at 3:00 p.m. Michelle Arnold Zmuda weighs 8 lbs., 1 oz. Phil said the baby looked just like him. Monique is currently at Children's Hospital, Maternity Ward.

SAN FRANCISCO GENERAL HOSPITAL

Prime Vendor

The Prime Vendor Distribution Program Bid was issued Tuesday, September 26th. Responses from the four previously qualified vendors are due by October 20th. The next steps include presentation of the proposed contract and the Prop J request to the DPH Executive staff, the Health Commission and the Board of Supervisors.

DPH is proud of this initiative not only for its significant positive financial impact, but also because this contract will require that the awarded distributor attain a 35% MBE/WBE goal. The four qualified vendors have all committed to this aggressive effort and have experience in the development of MBE/WBE enterprises at other healthcare organizations. In addition to Dwight Starr of SFGH who has headed the project, I wish to thank Ed Lee, Director of the Human Rights Commission, for his support and guidance in this process.

Domestic Violence Program

The Family Violence Prevention Fund again recognized the excellence of SFGH's Violence Program. The Fund hallmarked the innovative work of SFGH's multidisciplinary team by incorporating the full program content (standards, staff education modules, documentation templates, evidence collection forms, procedures, patient education/resource materials) into the Fund's national resource directory published this month. Domestic Violence team members, Dr. Beth Kaplan, Dr. Michael Rodriguez, Nancy von Bretzel, LCSW and Chris Wachsmith, RN, have been invited to become members of the Fund's Community Advisory Board.

Beth Kaplan, M.D. and John Fazio, R.N., M.S., were presenters at a program on Domestic Violence invitational conference held by the State Attorney General's Office in Sacramento on September 28th.

National Housekeepers Week

National Housekeepers Week was celebrated at SFGH with a barbecue and was well attended by hospital staff as well as Environmental Services staff. The barbecue was also an informal opportunity for staff to say good-bye to Lewis Reese, Director of Environmental Services.

Mr. Reese has notified SFGH that he is resigning for health reasons. Mr. Reese has made an enormous contribution to Environmental Services at SFGH, and has been tireless in his efforts to improve the department's services to its customers, patients and visitors. Melvin Pipkins, formerly the Director of Linen Services will take over as Director of Environmental Services.

Seminar on Managing Organizational Transition

SFGH and the Department of Education and Training co-sponsored a seminar on Managing Organizational Transition yesterday. The speaker, William Bridges, Ph.D., is a renowned speaker, author, and trainer in organizational development. The seminar focused on leadership skills necessary to manage organizational transition in an effective, collaborative and creative manner.

Diversion Statistics

There was 0.7% or 5 hours and 10 minutes total diversion called in September 1995 due to overcrowding in the Emergency Department and 0% Critical Care diversion.

LAGUNA HONDA HOSPITAL

LHH CFO Resignation

Al Diaz, LHH Chief Financial Officer (CFO) will resign his position effective November 15, 1995. During his three and one half year tenure, Al provided leadership in balancing LHH's operation and capital budgets and he greatly assisted in reducing the General Fund requirement from a high of $10 million to $0 million during the same period. While CFO, Al provided direction for the Admitting and Eligibility, Payroll, Billing and Accounting Departments of the Finance Division. He also took a lead in the Hospital's FAMIS installation. On behalf of the LHH staff, I thank Mr. Diaz for his contributions to the Department. Please join me in wishing him well.

Sharon Nevins, the newly hired consultant to the LHH Finance Department will serve as acting CFO after Al's departure and will also assist in conducting the search for an individual who will permanently fill this position.

American Hospital Association

Laguna Honda is proud to report that MaryAnne Johnson, MD, Medical Staff Director at LHH has been reappointed as the American Hospital Association's principal representative to the Joint Commission on Accreditation of Healthcare Organizations: Professional and Technical Advisory Committee for the Accreditation Program for Long-Term Care. Dr. Johnson will continue, on behalf of the AHA, to represent the interests and policies of the nation's hospitals to the Joint Commission. I extend my congratulations to Dr. Johnson.

National Gerontological Nursing Association

Laguna Honda was represented at the National Gerontological Nursing Association's 10th Annual Convention held in September by: Melissa Benton, MSN; Ana Suttmann, BSN; and Susan Spenser, RN. The LHH Nursing Administration team presented a paper entitled, "Pain Assessment in the Elderly and Severely Ill". The presentation describes the simplification of the pain management system, enabling nursing staff to more accurately monitor pain, particularly for the very ill and non-English speaking patients. The paper was very well received during the convention. I extend my congratulations to all LHH staff who worked in this study.

COMMUNITY PUBLIC HEALTH SERVICES

Breast Health Awareness Month

October is Breast Health Awareness Month. Education and screening activities will occur this month under the auspices of the Breast and Cervical Cancer Control Program (BCCCP).

COMMUNITY MENTAL HEALTH SERVICES

Shooting at Ocean View Playground

The Division of Mental Health responded to the request for crisis counseling services at the Ocean View Playground following the shooting incident two weeks ago. Mental Health sent a debriefing team to work with the children in the latchkey program at the playground who witnessed the incident. Nicole Wofford, Therapist with Bayview Hunters Point Foundation, and Hannibal Lowry, Social Worker with OMI Family Center participated as team members. Kimberly Pittman, Counselor and Jennifer Hudson, Senior Counselor of the Critical Incident Response Team led the debriefing response. The debriefing service is one that the Division of Mental Health offers the community to help individuals recover from traumatic events. These efforts are coordinated by Linda Wang at DMS.

National Mental Illness Awareness Week

DMS participated with the San Francisco Manic Depressive Society and the Mental Health Board in the Candlelight Vigil on Sunday, October 1st, at City Hall to kick off National Mental Illness Awareness Week.

Commissioners Jackson, Gadberry and Shriver attended and spoke at the vigil.

Efforts to educate people about the impact of the federal budget cuts on health services were included.

5) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE RELOCATION OF THE URGENT CARE CENTER OF THE CALIFORNIA PACIFIC MEDICAL CENTER (CPMC), PRESENTLY AT THE CALIFORNIA CAMPUS, TO THE PACIFIC CAMPUS EMERGENCY DEPARTMENT, AND THE CONSOLIDATION OF THE CALIFORNIA CAMPUS EMERGENCY DEPARTMENT INTO THE PACIFIC CAMPUS, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Commissioner Monfredini abstained from discussing or voting on this item.

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Gadberry) adopted Resolution #26-95, "Determining Whether the Relocation of the Urgent Care Center of the California Pacific Medical Center (CPMC), Presently at the California Campus, to the Pacific Campus Emergency Department, and the Consolidation of the California Campus Emergency Department Into the Pacific Campus, Will or Will Not Have a Detrimental Impact on Health Care Service to the Community", (Attachment A).

6) CONSIDERATION OF A RESOLUTION FOR A GIFT ACCEPTANCE POLICY

Richard Cordova, San Francisco General Hospital Administrator, presented proposed policies and procedures to bring the Department into compliance with existing Administrative Code provisions and to keep the Health Commission well informed of all donations and gifts made to the Department.

President Jackson proposed a change in wording in the procedures (#A, 1, line 5).

Commissioner Barnes requested the inclusion in the procedures for the right of refusal of a gift.

This item was continued to the next meeting.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-95

DETERMINING WHETHER THE RELOCATION OF THE URGENT CARE CENTER OF THE CALIFORNIA PACIFIC MEDICAL CENTER (CPMC), PRESENTLY AT THE CALIFORNIA CAMPUS, TO THE PACIFIC CAMPUS EMERGENCY DEPARTMENT, AND THE CONSOLIDATION OF THE CALIFORNIA CAMPUS EMERGENCY DEPARTMENT INTO THE PACIFIC CAMPUS, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, as California Pacific Medical Center (CPMC) continues to address the ever-changing challenges of the new health care era and to adapt their programs and services to meet the needs in the community; and,

WHEREAS, CPMC in monitoring the usage, both by volume and profile, of the California Campus Urgent Care Center and Standby Emergency Department, concludes the necessity for complete consolidation of their Emergency Department by locating the Urgent Care Center contiguous to the Pacific Campus Emergency Department, and to consolidate the California Campus Emergency Department into the Pacific Campus; and,

WHEREAS, the Pacific Campus is 1.8 miles and 7-8 minutes away from the California Campus; and,

WHEREAS, in accordance with the Health Care Planning Ordinance, a public hearing was held on September 19, 1995; now, therefore, be it

RESOLVED, that the Health Commission determines that the relocation of the Urgent Care Center of the California Pacific Medical Center (CPMC), presently at the California Campus, to the Pacific Campus Emergency Department, and the consolidation of the California Campus Emergency Department into the Pacific Campus will not have a detrimental impact on health care service of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 3, 1995

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A

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7/95

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

October 17, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

DOCUMENTS DEPT.
OCT 1 3 1995
SAN FRANCISCO

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 3, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Michael D. Shriver)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

(3.2) Continuation of the consideration of a resolution for a Department of Public Health Sliding Fee Scale Policy.

(3.3) **Administration - (AB 75)** - Renewal contract with Medicus Systems Corporation, in the amount of $190,000, to provide Fiscal Intermediary Services for the FY 1995-96 CHIP Program, for the period of November 15, 1995 through March 31, 1997. (DPH contracted with Medicus for services totaling $190,000 during FY 1994-95).

(3.4) DMS-CMHS - Multiyear contract renewal with Baker Places, Inc. in the amount of $5,387,063 per year to provide: (1) 24-hour transitional residential care for mental health patients and patients abusing alcohol, (2) assisted independent living, (3) vocational rehabilitation services, and (4) residential program for parolees for the period of July 1, 1995 through June 30, 1999. (DPH contracted with Baker Places for services totaling $4,815,146 during FY 1994-95).

(3.5) DMS-CMHS - New contract and sole source request with Systems Support Technologies (SST) in the amount of $161,284 to provide support and management of Invision Software between the new R-Facility and San Francisco General Hospital for the period of November 1, 1995 through June 30, 1996.

(3.6) DMS-CMHS - Renewal contract with Saint Francis Memorial Hospital in the amount of $156,750 to provide 24-hour acute psychiatric inpatient services to adult patients and for Medi-Cal funded acute psychiatric inpatient hospital services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with St. Francis for services totaling $196,498 during FY 1994-95).

(3.7) DMS-CMHS - Renewal contract with Regents of the University of California, Langley Porter Psychiatric Hospital, in the amount of $200,000, to provide child and adolescent inpatient, partial hospitalization transitional services and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Regents of the University of California for $59,963,224 during FY 1994-95).

(3.8) DMS-CMHS - New contract with St. Luke's Hospital for Medi-Cal funded psychiatric inpatient hospital services for the period of January 1, 1995 through June 30, 1996. (Not funded with City or County funds.)

(3.9) DMS-CMHS - New contract with California Pacific Medical Center for Medi-Cal funded psychiatric inpatient hospital services for the period of January 1, 1995 through June 30, 1996. (Not funded with City or County funds.)

(3.10) DMS-CSAS - Multiyear contract renewal with Morrisania West, Inc., in the amount of $380,000 per year, to provide youth day treatment services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Morrisania West for services totaling $410,000 during FY 1994-95).

(3.11) DMS-CSAS - Multiyear contract renewal with Horizons Unlimited of San Francisco, Inc., in the amount of $1,050,603 per year to provide outpatient, prevention, and day care treatment services to Latino youth for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Horizons Unlimited for services totaling $1,088,664 during FY 1994-95).

(3.12) DMS-CSAS - Multiyear contract renewal with Potrero Hill Neighborhood House, in the amount of $270,000 per year, to provide youth day treatment services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Potrero Hill Neighborhood House for services totaling $270,000 during FY 1994-1995).

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

5) CONTINUANCE OF CONSIDERATION OF A RESOLUTION FOR A GIFT ACCEPTANCE POLICY

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE AFFORDABLE HOUSING PROJECT AT 1010 SOUTH VAN NESS AVENUE

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION APPROVING THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT'S APPLICATION FOR CERTIFICATION AS A UNIFIED PROGRAM AGENCY (CUPA) PURSUANT TO STATE STATUTES

8) REVIEW OF THE RECENT CANCER STUDY CONDUCTED IN BAYVIEW HUNTERS POINT

9) CONSIDERATION AND UPDATE FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S HEALTH ADVISORY COMMITTEE

10) TIME SPECIFIC: 4:30 P.M.

JOINT HEARING OF THE HEALTH COMMISSION AND THE COMMISSION ON THE STATUS OF WOMEN ON SEXUAL ASSAULT SERVICES

11) OTHER BUSINESS/PUBLIC COMMENTS*

12) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION , SUPERIOR COURT No. 965-179, GREGORIA LOAIZA VS. CCSF ET AL, IN THE AMOUNT OF $18,000

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 17, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow. M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson
Absent:	Commissioner Lee Ann Monfredini Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 3, 1995

Action Taken: The Commission unanimously adopted the minutes of October 3, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Monthly update on Shanti Project contract in the amount of $383,846 for a 12-month period, to provide client service, peer counseling and case management services to indigent people with HIV/AIDS living in the Ambassador Hotel and Tenderloin neighborhood, for the period of May 1, 1995 through June 30, 1996; and monthly update of a plan for Shanti's debt repayment to the City.

Gloria Sandoval, Executive Director of the Shanti Project, reported that a hearing for arbitration in Superior Court is set for October 27, 1995. Additionally, Shanti will make through line of credit a good faith payment to the City by December 1995.

(3.2) Continuation of the consideration of a resolution for a Department of Public Health Sliding Fee Scale Policy.

This item was continued to November 7, 1995.

(3.3) Administration - (AB 75) - Renewal contract with Medicus Systems Corporation, in the amount of $190,000, to provide Fiscal Intermediary Services for the FY 1995-96 CHIP Program, for the period of November 15, 1995 through March 31, 1997. (DPH contracted with Medicus for services totaling $190,000 during FY 1994-95).

(3.4) DMS-CMHS - Multiyear contract renewal with Baker Places, Inc. in the amount of $5,387,063 per year to provide: (1) 24-hour transitional residential care for mental health patients and patients abusing alcohol, (2) assisted independent living, (3) vocational rehabilitation services, and (4) residential program for parolees for the period of July 1, 1995 through June 30, 1999. (DPH contracted with Baker Places for services totaling $4,815,146 during FY 1994-95).

(3.5) DMS-CMHS - New contract and sole source request with Systems Support Technologies (SST) in the amount of $161,284 to provide support and management of Invision Software between the new R-Facility and San Francisco General Hospital for the period of November 1, 1995 through June 30, 1996.

(3.6) DMS-CMHS - Renewal contract with Saint Francis Memorial Hospital in the amount of $156,750 to provide 24-hour acute psychiatric inpatient services to adult patients and for Medi-Cal funded acute psychiatric inpatient hospital services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with St. Francis for services totaling $196,498 during FY 1994-95).

Commissioner Jackson commended St. Francis Hospital for its progress on affirmative action on its Board of Directors.

(3.7) DMS-CMHS - Renewal contract with Regents of the University of California, Langley Porter Psychiatric Hospital, in the amount of $200,000, to provide child and adolescent inpatient, partial hospitalization transitional services and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Regents of the University of California for $59,963,224 during FY 1994-95).

(3.8) DMS-CMHS - New contract with St. Luke's Hospital for Medi-Cal funded psychiatric inpatient hospital services for the period of January 1, 1995 through June 30, 1996.
(Not funded with City or County funds.)

(3.9) DMS-CMHS - New contract with California Pacific Medical Center for Medi-Cal funded psychiatric inpatient hospital services for the period of January 1, 1995 through June 30, 1996.
(Not funded with City or County funds.)

(3.10) DMS-CSAS - Multiyear contract renewal with Morrisania West, Inc., in the amount of $420,000 per year, to provide youth day treatment services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Morrisania West for services totaling $410,000 during FY 1994-95).

(3.11) DMS-CSAS - Multiyear contract renewal with Horizons Unlimited of San Francisco, Inc., in the amount of $1,050,603 per year to provide outpatient, prevention, and day care treatment services to Latino youth for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Horizons Unlimited for services totaling $1,088,664 during FY 1994-95).

(3.12) DMS-CSAS - Multiyear contract renewal with Potrero Hill Neighborhood House, in the amount of $270,000 per year, to provide youth day treatment services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Potrero Hill Neighborhood House for services totaling $270,000 during FY 1994-1995).

As a follow-up to Commissioner Shriver's request for linkages among the youth serving agencies, representatives from the agencies gave a presentation describing the activities and community linkages of its youth serving agencies funded by CSAS for prevention and treatment services.

Commissioner Castaneda expressed her high priority for funding to youth programs.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.2, which was continued to November 7, 1995.

Commissioner Gadberry abstained from discussing or voting on #3.7 due to conflict of interest.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

MANAGED CARE

Commercial Plan Award

Yesterday, the State Department of Health issued their intent to award contracts for the MediCal Managed Care Commercial Plans. For San Francisco, the State Department of Health selected California Care, a Blue Cross HMO. Listed below are the selection for all 13 Local Initiative Counties.

As you know, the Department of Public Health has a PHP Contract with PacifiCare who did not receive an award for any County. We have been informed by PacifiCare that they plan to review the award documents and appeal the States decision within the timeframes described by the application process. The California Care/Blue Cross plan is modeled differently than at risk contract typically proposed by applicants for MediCal Managed Care Contracts. It is our understanding that the Blue Cross plan provides for negotiated contract per diems with tight controls by the HMO. The HMO under this plan takes full risk and does not share in any savings or deficits with providers.

County	Proposed Maintenance Plan
Alameda	California Care (Blue Cross)
Contra Costa	Foundation Health
Fresno	To be awarded at a later date
Kern	California Care (Blue Cross)
Los Angeles	Foundation Health
Riverside	Molina Medical Centers, Inc.
San Bernardino	Molina Medical Centers, Inc.
San Francisco	California Care (Blue Cross)
San Joaquin	California Care (Blue Cross)
Santa Clara	California Care (Blue Cross)
Stanislaus	California Care (Blue Cross)
Tulare	Foundation Health

California Care currently has no PHP Contract in San Francisco. There are approximately 6,000 MediCal beneficiaries who are enrolled in managed care plans in San Francisco, in roughly equal percentages (~ 50/50) in either Foundation or PacifiCare.

State's Request for HCFA Waiver for the Two Plan Model

Importantly, HCFA recently notified State DPH that it will not grant a freedom of choice waiver to the State for the 13 counties designated to become 2-plan MediCal managed care counties. HCFA has indicated that they will review the State's waiver request on a county-by-county basis. The Department believes this is a critical decision by HCFA in that it should assure a more safeguard assurance that changes in the MediCal delivery system will take into account the beneficiaries, first and foremost.

1115 Waiver

On a related matter, the Commission should be aware that the State DHS is in the process of developing another waiver to HCFA - so called 1115 Waiver as a measure to bail out the LA County health care system. As part of the State Budget there was language which assured other California counties interested in seeking participation in our 1115 Waiver to do so. We have been advised by the State that counties will have 72 hours to “opt in” to the waiver once drafted and released by the State. DPH will immediately enhance our analysis of the potential opportunities of participating in such a waiver. On November 7, 1995 the Commission will be brought more information and preliminary recommendations on the 1115 Waiver and the impact of the immigration reform issues.

STATE LEGISLATION

AB 320 Signed

Governor Wilson signed AB 320 yesterday, which provides an additional $3.4 million annually for San Francisco mental health programs. Assemblyman John Burton authored and advocated for the bill.

The 1991 health and welfare realignment program allocated a portion of the state sales tax and vehicle license fees to counties throughout the state, in exchange for the counties assuming programmatic and fiscal responsibility for a range of mental health, health and social service programs. Each county was to receive a "base" allocation for these programs, with additional monies distributed according to "equity" formulas that were geared against programs, such as San Francisco's, that had historically received historically higher levels of state funds because of the greater level of local support for these programs.

AB 320 addresses this inequity for San Francisco and four other counties who had also experienced similar cuts, including San Mateo, Marin, Solano and Napa.

The Department has been working for more than four years to achieve equitable funding. Starting in FY 1994-95, the City's mental health allocation from the State will be increased by an annual $3.4 million with the enactment of AB 320.

Passage of AB 1976, Independent Housing for Persons with HIV and Other Chronic Diseases

The Department is very pleased to announce bill AB 1976, sponsored by Assemblyman John Burton, has passed the state legislature and been signed by the Governor.

The origin of the bill was the community process for HIV/AIDS housing convened by our AIDS Office in 1995. Through a comprehensive community process it was determined that there was a major need for independent housing linked to supportive services for persons with HIV/AIDS. However, prior to the passage of this bill, a housing project for persons with HIV/AIDS which provided services would automatically require licensure. Licensure was required even if the services (visiting nurse, case management) were the same ones that a client could receive living a non-AIDS related house or apartment. This licensure requirement substantially increased the cost of AIDS housing thereby limiting the supply. It also discouraged many housing developers from building AIDS housing. With the passage of this bill, a housing developer may provide an independent living facility with supportive services provided by another agency through contract or Memorandum of Understanding. We believe this bill will increase the availability of HIV/AIDS housing in San Francisco.

DPH wants to acknowledge Assemblyman Burton, as well as Supervisor Migden who advocated for passage and the Corporation of Supportive Housing who helped draft the bill.

SAN FRANCISCO GENERAL HOSPITAL

Proposed MOU with San Mateo for ALS Paramedic Services at the Airport

On Tuesday, October 3rd the Airports Commission approved a resolution authorizing the Director of Airports to execute, on their behalf, an agreement with San Mateo County, whereby the City and County of San Francisco is designated as a provider of paramedic advanced life support services on Airport property. This agreement will allow DPH paramedics to act as nontransport first responders at the San Francisco International Airport which is part of the San Mateo EMS system. After the proposed agreement is signed by the Director of Health, it will be forwarded to the Director of Airports and then to San Mateo County for final execution. It is anticipated that DPH paramedics will be able to assume 911 responsibilities at the Airport by mid-November or as soon as the agreement is fully executed.

Commission on the Status of Women Award

On October 12th, SFGH's Beth Kaplan, M.D. was honored by the Commission on the Status of Women for her work in educating the emergency health care community about domestic violence. She was awarded the "Leadership Award" at the seventh annual Domestic Violence Awareness Award Ceremony. She joined three other distinguished honorees in accepting the honor, and marked her acceptance with remarks related to her work in the Emergency Department at SFGH and her plans to extend the educational efforts to other clinical areas. She acknowledged the collaborative work of her colleagues John Fazio, R.N., M.S. and Ed Kinchley.

SFGH Management Forum
The UCSF Academic Business Officers Group (ABOG) of San Francisco General Hospital sponsored its annual joint meeting with SFGH management Forum at Carr Auditorium on October 13th. The event featured a panel discussion on "Medical Training in an Era of Managed Care". Panelists were Drs. Haile Debas, Denise Rodgers, David Ofman and Mr. Richard Cordova. Dr. John Luce acted as moderator. There was an open and frank discussion between the panel and the audience regarding the advent of managed care and the many changes and uncertainties facing the future of the UCSF/SFGH/DPH partnership. The issues and questions focused on how SFGH and the community clinics can compete in managed care while continuing to serve as teaching sites. The event was extremely well attended with an audience that included administrators, managers, business officers, faculty, and nurses from both institutions.

Diversion Statistics
The Critical Care diversion for the period October 1 through October 9, 1995 was 2 hours and 20 minutes or 1.1%. The Emergency total diversion was 4 hours and 30 minutes or 2.1% due to capacity.

SFGH Executive Staff Retreat Wednesday, October 13, 1995
The SFGH Executive Staff held a retreat on Wednesday, October 11th to review current trends in healthcare, strategic goals, and to present individual goals. The JCAHO survey was the top priority. Other goals included: increasing access and productivity, patient satisfaction and decreasing costs.

Annual Strategic Planning Retreat
SFGH's annual strategic planning retreat is scheduled for November 15th. The committee uses this time to re-evaluate basic planning assumptions, to reflect on progress in meeting goals and to establish the context for next year's work.

Annual SFGH Employee Recognition Dinner
The 15th SFGH Employee Recognition Dinner and "No Talent" Talent Show is scheduled to be held on Friday, November 3rd in the SFGH Dining Room at 6:00 p.m.. The event is being centrally coordinated through Campus Hospital Employee Activities Resource Services (CHEARS).

The banquet will honor both SFGH and UCSF employees who have, or will have acquired service award year anniversaries by December 31, 1995. SFGH service award pins for corresponding years of service will be presented.

Skilled Nursing Facility Project
The Ward 4A project is progressing on time. Construction is targeted for completion November 13th. A letter has been sent to the State Department of Health Services formally requesting Licensing and Certification site inspection on November 29th and 30th. With the JCAHO scheduled the week of December 4th, the 4A SNF Unit will most likely open with patients the week of December 11th.

COMMUNITY PUBLIC HEALTH SERVICES

Flu Season Kick Off at Aquatic Park

This year's event that kicks off the Department's flu shot program for seniors will feature San Francisco writer and columnist, Herb Caen, on October 26th at 2:30 p.m. at Aquatic Park. Herb Caen has enthusiastically embraced our invitation to "get shot" by DPH public health physician, Dr. Jenny Flood, thereby ensuring that San Franciscans continue to enjoy uninterrupted Caen columns throughout the flu season.

Flu shot clinics have been scheduled for all of the Health Centers and a flu information hotline is now in operation. The program will continue through December 29th. The shots are free to seniors with Medicare cards. Others pay a modest $2 charge. However, no one will be turned away because of lack of sufficient funds.

Senior Advocate Award

I am pleased to inform you that Dan Wlodarczyk, M. D. is the recipient of the Bayview/Hunters Point Network for Elders 1995 Senior Advocate Award. Dr. Wlodarczyk has been a physician at the Southeast Health Center for the past twelve years and, as you might recall, was for eight years the Medical Director of Homeless Programs. Dr. Wlodarczyk currently divides his time between Southeast Health Center and Ward 86. While this is the most recent of several awards received by Dr. Wlodarczyk, it once again reminds us of the quality and dedication of physicians and other medical providers we are fortunate to have in our department. Particularly at a time when public policy is threatening the survival of public sector health care systems, it is important to periodically highlight the things we do well and the people who make our system of care worth defending. Congratulations to Dr. Wlodarczyk for this acknowledgment from the community he serves.

LAGUNA HONDA HOSPITAL

LHH Recognizes Employees

The Annual Employee Recognition Dinner and Dance will be held on Thursday, October 26th at the Irish Cultural Center. Over 350 Laguna Honda employees, ranging from 5 to 45 years of service with over 3,170 total years of service to San Francisco residents will be honored. We congratulate these very special employees.

Annual Employee Influenza Vaccine Program

Laguna Honda Hospital has influenza vaccine available for all LHH employees. Employees with direct patient contact are encouraged to receive the vaccine. Immunization can protect employees who receive it as well as prevent the spread of influenza to their families and to the high risk patients cared for a LHH. The Centers for Disease Control recommends that all staff of chronic care facilities receive the vaccine. The program begins with the vaccination of employees followed by the vaccination of all Laguna Honda Hospital patients beginning the week of October 30th.

Recognition from Healthcare Organization

Mr. Dennis Sato, Laguna Honda Administrator of Information Systems, was presented the 1995 Chapter Award of Merit from the Northern California Healthcare Management Association (HFMA). Mr. Sato was recognized by the HFMA Board of Directors for his efforts as Chair of the Systems Committee in achieving significant improvements and visibility of systems technology.

LHH Participates in City-wide Disaster Drill

Laguna Honda Hospital staff will actively participate in the comprehensive city-wide disaster drill today. The Hospital's Emergency Preparedness Committee has developed an earthquake drill scenario including a treatment plan for over 40 simulated casualties requiring treatment in the Hospital. All emergency triage, treatment and communication plans will be activated and fully tested during this drill. The hospital will critique and document the results of this exercise as part of its Continuous Quality Improvement Program.

COMMUNITY MENTAL HEALTH SERVICES

Shooting Incident

On the morning of October 13th, there was a fatal shooting incident next door to the North of Market Health Center. The assailant was someone the staff had treated a few days earlier for a stab wound. He apparently returned to take revenge on the person who stabbed him.

Gay Kaplan, the Center Director called Mental Health to ask for CISD assistance for her staff. Reiko True conducted the debriefing session. An officer from SFPD talked with staff, giving them advice in dealing with violent people.

Appointment: Assistant Director, Budget

Keith Hearle started October 16th as the Assistant Director for Budget and CFO for Mental Health, Substance Abuse and Community Health programs. I know the Commission will joint the Department in welcoming Mr. Hearle to the Department's Executive Staff team.

COMMUNITY SUBSTANCE ABUSE SERVICES

Target Cities Opening Ceremony

On Thursday, October 26th, the Department of Public Health, Community Substance Abuse Services and the San Francisco Target Cities Policy Advisory Review Committee are hosting a Grand Opening of our new site at 1663 Mission Street from 10:00 a.m. - 3:00 p.m. The event will include an open house, guided tours, docent presentations and snacks. The San Francisco Target Cities Project is a cooperative agreement between the Center for Substance Abuse Treatment, the California Department of Alcohol and Drug Programs, and DPH Community Substance Abuse Services

The opening ceremony will be held at 11:00 a.m. and will include a ribbon cutting ceremony and brief remarks from myself, Mayor Frank Jordan; David Mactas, Director, Center for Substance Abuse Treatment; Gloria Merk, Department of Alcohol and Drug Programs; Judge Lillian Sing, Court of Hope; Larry Meredith, Director, Community Substance Abuse Services; and Yvonne Frazier, Director, S.F. Target Cities Project.

Criminal Justice Treatment Network for Women Grant (NETWORK)

On the last day of September Community Substance Abuse Services and the San Francisco Target Cities Project were informed by the Federal Center for Substance Abuse Treatment (CSAT) that the San Francisco Criminal Justice Treatment Network for Women application was funded for a five year period at approximately $1,000,000 per year.

Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 09-30-95			*Year-to-Date*		
	1993	*1994*	*1995*	*1993*	*1994*	*1995*
AIDS*	254	137	135	4113	1757	1434
Campylobacteriosis	52	62	62	482	462	389
Giardiasis	25	41	43	241	299	314
Hepatitis A	11	33	35	147	202	301
Hepatitis B	9	3	1	57	54	39
Salmonella	29	19	17	160	128	125
Shigella	32	43	49	193	181	250
TB	25	21	20	268	210	206
Gonorrhea	166	137	117	1727	1583	1246
Syphilis	9	2	6	117	58	39

* Resident cases only.

SEPTEMBER STATISTICS

AIDS Statistics (from 7/1/81 to 09/30/95)

Total San Francisco reported cases:	22,031
Total San Francisco reported deaths	14,752
Total SF cases reported month to date	136
Total S.F. deaths reported month to date	134
Total California reported cases	86,094 cases
(as of 8/31/95)	54,934 deaths
Total U.S. reported cases:	476,899 cases
(as of 06/30/95)	295,473 deaths

San Francisco General Hospital

Inpatient

Average Daily Census	
Medical/Surgical	148.0
Maternal/Child (exclude newborns)	18.1
Newborn Nursery	13.3
Psychiatry	98.1
Actual Patient Days:	
Medical /Surgical	4,439
Maternal/Child (exclude newborns)	544
Newborn Nursery	400
Psychiatry	2,942

Admissions	
Medical/Surgical	969
Maternal/Child (exclude newborns)	231
Newborn Nursery	152
Psychiatry	210
Average Length of Stay	
Medical/Surgical	4.6
Maternal/Child (exclude newborns)	2.3
Newborn Nursery	2.3
Psychiatry	12.3
Discharge Patient Days	
Medical/Surgical	4,361
Maternal/Child (exclude newborns)	523
Newborn Nursery	330
Psychiatry	2,581
Discharges	
Medical/Surgical	953
Maternal/Child (exclude newborns)	230
Newborn Nursery	143
Psychiatry	210

Outpatient Visits

Primary Health	10,255
Family Health:,	3,202
General Medicine:	1,995
Pediatric:	2,966
OB/GYN:	2,092
Specialty Clinics:	10,669

Emergency Activities

Non-Admit Emerg. Dept. Visits:	4,861
ED Visits resulting in Admissions:	775
Non-Admit Psychiatric Emergency Services:	333
Psych Emerg. Serv. Resulting in ..	167
Psychiatric Emergency Consults.	N/A

Laguna Honda Hospital

All Beds	1,177
Acute Services	6
SNF Services	1,151
AIDS SNF	20

Mental Health (Weekly Averages)

Number of Patients at SFGH:	89
Number of Medically Complex	10.4
Number Total Care	1.3
Number HIV (see note)	
Number AIDS	5
Number of Short-Doyle Inpatient Overflow Beds	10

Virtually all HIV patients are clustered on inpatient units 7B (HIV, Forensic, and Gay/Lesbian Focus Unit) and 4P (Psychiatric, triple diagnosis, unit-Psychiatry/ Substance Abuse/HIV Focus Unit), however, due to California State confidentiality statutes, these numbers would be approximate and grossly underrepresented.

CPHS - Primary Care Visits for Health Centers (September 1995)

Health Center #1:	1,615
Maxine Hall Health Center:	807
Health Center #3:	969
Health Center #4:	1,455
Health Center #5:	1,040
Tom Waddell Clinic:	2,107
Potrero Hill Health Center:	531
Southeast Health Center:	1,050
Special Programs for Youth:	
Youth Guidance Clinic	3,780
Total Clinician Encounter	1,380
Total Provider Encounter	2,400

Disease Control

TB Clinic:	1,549
City Clinic:	1,526

SSI Clinic Summary as of 9/30/95

Referrals from GA	1,660 (415/wk)
No Shows	144 (9%)
Seen by Triage	1,516 (379/wk)
Homeless	404 (27%)

Significant Findings of Unemployables:	
Medical Problems	299 (37%)
Psychological Problems	485 (60%)
Med & Psych Problems	27 (3%)
Employability Ratings	
Employable: Workfare/ Job Search	580 (38%)
Indeterminate: Pt. Referral	125 (8%)
Temp Unemployable: ReEval. Triage	802 (53%)
Perm Unemployable: Advocacy Unit	9 (1%)
Screened into Intake	78
Accepted into Project	30
Intake Activity)	
Initial SSI/SSA Applications Completed	12
Psychological Evaluations Completed	37
SSI/SSA Applications Case Managed	9
Carrying Unit	
Total Caseload: Active	30

Referral Stats - SFGH OHS
SEPTEMBER STATISTICS

Physical	196
Fast Track/E.D.	30
Total	226
Total Follow-up Patients	442
Total September	668
Total New Patients since inception	1,077
Total Follow-up Patients since inception	2,228
Total Visits (Excluding E.D.)	3,305

MEDICAL APPOINTMENTS

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

1. Susan Longar, M.D., who will provide consultant ophthalmology services.
2. Steven McIntire, M.D., who will provide as-needed night and weekend coverage.
3. Paul Nemrow, M.D., who will provide consultant physiatry services
4. Scott Rome, M.D., who will provide physiatry services.
5. Peter Sklarin, M.D., who will provide as-needed night and weekend coverage.
6. Santosh Khosla, M.D., who will provide physiatry services.

Recommendations to the Health Commission on Initial Appointments, Reappointments, and Resignations from the SFGH Medical Staff

MONTHLY REPORT TO JOINT CONFERENCE COMMITTEE			
THIRD QUARTER; ACADEMIC YEAR 1994-1995			
COMMITTEE ACTIONS		SEPTEMBER 1995	YEAR-TO-DATE TOTAL
APPOINTMENTS MONTH TOTAL = 13	ACTIVE	2	59
	COURTESY	9	172
	AFFILIATED	1	16
REAPPOINTMENTS SUBMITTED MONTH TOTAL = 28	ACTIVE	6	137
	COURTESY	17	241
	AFFILIATED	5	54
REAPPOINTMENT NOT SUBMITTED MONTH TOTAL = 8/29*	ACTIVE	2	8*
	COURTESY	5	17*
	AFFILIATED	1	4*
CHANGE IN PRIVILEGES		1	10
CHANGE IN STAFF STATUS		5	43
RESIGNED/SEPARATED		13	193

* January 1995 - Present

5) CONTINUANCE OF CONSIDERATION OF A RESOLUTION FOR A GIFT ACCEPTANCE POLICY

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Gadberry) approved Resolution #27-95, "Approving a Policy and Procedure for the Acceptance of Gifts", (Attachment A).

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE AFFORDABLE HOUSING PROJECT AT 1010 SOUTH VAN NESS AVENUE

Action Taken: The Commission (Jackson, Chow, Barnes, Castaneda, Gadberry) adopted Resolution #28-95, "Endorsing the Mission Housing Development Corporation at 1010 South Van Ness Avenue", (Attachment B).

7) PRESENTATION AND CONSIDERATION OF A RESOLUTION APPROVING THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT'S APPLICATION FOR CERTIFICATION AS A UNIFIED PROGRAM AGENCY (CUPA) PURSUANT TO STATE STATUTES

This item was postponed to November 7, 1995.

8) REVIEW OF THE RECENT CANCER STUDY CONDUCTED IN BAYVIEW HUNTERS POINT

Note: On this item, the discussion stopped at 4:30 p.m. to consider item #10, a time specific agenda item. Discussion was resumed at 6:00 p.m. to hear community speakers.

Dr. Mitch Katz, Director of the Bureau of Epidemiology, Disease Control and AIDS, presented an updated version of the Bayview Hunters Point Cancer Study. For a copy of this study, call the Commission Office at 554-2666. Dr. Katz reported that the updated version of the study involved input from community representatives on how to interpret the data. Dr. Katz acknowledged the community representatives.

Public Speakers:

Ray Tompkins, Bayview Hunters Point scientific advocate
Angela Spell, Bayview Hunters Point scientific advocate
Francine Carter, Community Director for the Health Assessment Study in Bayview Hunters Point
Lew Brenneman, M.D., Ph.D., S.F. Alliance for Environmental Justice
Oceloa Washington, Bayview Hunters Point community member
M. Verges, HVRMC
Tory Piel, Bayview Hunters Point community member
Kathy Perry, Bayview resident
Louise Vaughn, community activist
Greg Freeman, resident, NICE Committee
Wendy Brummer-Kock, Bayview Hunters Point Health Assessment Task Force member

Points/Comments of Speakers:

- Wants a temporary industrial moratorium until results of an epidemiological study/health and environmental assessment are available
- Wants action from the Health Commission
- Wants recommendations from the Health Commission for a moratorium
- Submitted ideas for Bayview Hunters Point moratorium and clean-up
- Submitted an addendum prepared by Bayview Hunters Point Scientific Community Advocates
- Wants support for Board of Supervisors legislation to reduce lead hazards and other health hazards in Bayview Hunters Point
- Submitted a list of chemicals used by Hunters Point industries

Commissioner Chow requested the Department to provide the Commission with an update on the status of the Superfund sites. He also felt the Department's report deserves further follow-up.

Dr. Hernández stated that the Department needs a full-time epidemiologist to continue the health assessments and further studies. She will come back to the Commission with recommendations and a budget. She further reinforced the Department's commitment to continue its work with the community.

9) CONSIDERATION AND UPDATE FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S HEALTH ADVISORY COMMITTEE

This item was postponed to November 21, 1995.

10) TIME SPECIFIC: 4:30 P.M.

JOINT HEARING OF THE HEALTH COMMISSION AND THE COMMISSION ON THE STATUS OF WOMEN ON SEXUAL ASSAULT SERVICES

Commissioners present from the Commission on the Status of Women were:

Commissioner Terri Hanagan, Vice President
Commissioner Sharron Treskunoff Baily
Commissioner Cynthia Gissler
Commissioner Caryl Ito
Commissioner Regina Phelps
Commissioner Rosa Rivera

The presenters at this hearing were the following:

Opening Comments:	Arthur M. Jackson, President, Health Commission
	Terri Hanagan, Vice President Commission on the Status of Women
Introduction:	Sandra R. Hernández, M.D., Director Department of Public Health - Background for Planning Process Mission/Directive
	Sonia Melara, Executive Director, Commission on the Status of Women - Significance of sexual assault service system to survivors
Adult Sexual Assault Services Planning Committee:	Kate Monico-Klein, Assistant Director, Forensic Services Department of Public Health - Introduction of Committee Members - Purpose and Goals - Additional Background and Clarifications - Advantages of Proposed System
Overview and Findings of Sexual Assault Services:	Mary Tam Ma, Victim Services Coordinator Center for Special Problems
Gaps and Needs:	Rosario Navarrette, Administrator of Domestic Violence Programs, Commission on the Status of Women
Recommendations	Lucinda Ramberg

Recommendations Lucinda Ramberg
S.F. Coalition Against Sexual Assault and Rape Prevention
Education Program of San Francisco University of California

A copy of the full report is available at the Health Commission Office (554-2666) and the Commission of Women Office (252-2570).

The recommendations developed by the Adult Sexual Assault Services Planning Group were grouped into Phase I (immediate) and Phase II (long-term), (Attachment C).

Points raised by Commissioners:

- Importance of rape prevention and education programs.
- Need for a budget reflecting the proposed integrated service model.
- Need to have a clear definition of sexual assault.
- Importance of a culturally sensitive approach to family awareness on sexual assault.
- Encourage the inclusion of the criminal justice system in developing the system for sexual assault services.
-

Present were many community representatives who had signed up to speak in support of the recommendations from the Planning Groups. However, since the Commissioners indicated their support for the proposed recommendations, most of the public speakers opted not to speak.

Public Speakers: Kinike Walker, Center for Special Problems
Michelle Burton, S.F. Women Against Rape

Action Taken: The Health Commission and the Commission on the Status of Women adopted Resolution #29-95, "Accepting the Department of Public Health Status Report on San Francisco Rape Treatment Center and Adult Sexual Assault Services, and Adopting Report Recommendations to Develop an Integrated Sexual Assault Services System", (Attachment D).

The hearing ended at 6:00 p.m.

11) OTHER BUSINESS/PUBLIC COMMENTS

None.

12) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION , SUPERIOR COURT No. 965-179, GREGORIA LOAIZA VS. CCSF ET AL, IN THE AMOUNT OF $18,000

Action Taken: The Commission (Jackson, Chow, Barnes, Gadberry) approved the proposed settlement of $18,000.

The Meeting was adjourned at 7:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 27-95

APPROVING A POLICY AND PROCEDURE FOR THE ACCEPTANCE OF GIFTS

WHEREAS, from time to time, gifts, donations and contributions of money and personal property are made for the general benefit and comfort of the patients of the Department of Public Health; and,

WHEREAS, the San Francisco Administrative Code sets the criteria for the procedures by which all gifts, donations and contributions of money and personal property are to be accepted by the City; and,

WHEREAS, the San Francisco Public Health Foundation, the volunteer organizations at Laguna Honda Hospital and San Francisco General Hospital, and other philanthropic organizations and individuals make gifts, donations and contributions to the Health Department and its Divisions; and,

WHEREAS, the Health Commission recently approved the formation of the San Francisco General Hospital Foundation for the purpose of raising money for projects and programs designed to improve the care and comfort of patients at San Francisco General Hospital; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves a formal policy and procedure for the acceptance of gifts.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 17, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-95

ENDORSING THE MISSION HOUSING DEVELOPMENT CORPORATION PROJECT AT 1010 SOUTH VAN NESS AVENUE

WHEREAS, the San Francisco Health Commission endorsed the San Francisco Five Year HIV/AIDS Housing Plan in 1994; and,

WHEREAS, the Housing Plan prioritizes housing developments that provide affordable housing for HIV-infected residents in a mixed population setting; and,

WHEREAS, the Mission Housing Development Corporation is proposing a development at 1010 South Van Ness Avenue which would provide 30 units, 10 of which would be for low-income persons with HIV/AIDS and would provide access to needed supportive services; and,

WHEREAS, the Mission Housing Development Corporation has a strong history of developing affordable housing in multicultural communities; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco endorses the Mission Housing Development Corporation project at 1010 South Van Ness Avenue.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 17, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

RECOMMENDATIONS FROM THE ADULT SEXUAL ASSAULT SERVICES PLANNING GROUP

Phase I -- Immediate Improvements to the Delivery of Sexual Assault Services

- Combine the expertise of community-based advocates and RTC clinically trained personnel.

- Fill identified gaps by contracting with community-based service providers for new services (peer advocacy and accompaniment; prevention, education and outreach services). A flowchart of how this system would begin to look is attached (Attachment 4).

- Eliminate the Rape Treatment Center Crisis telephone line and contract with a community-based organization to provide crisis-line services. This will in turn activate the presence of a peer advocate at the Emergency Room, responsible for subsequent accompaniment, support and advocacy as the survivor navigates the myriad of encounters and agencies in the healthcare and criminal justice system.

- Develop a position at the Commission on the Status of Women responsible for the coordination of city-wide services -- monitoring, maintaining and expanding sexual assault services and providing system-wide institutional advocacy. Designation of such a position will also provide leverage for application for *Crime Bill Violence Against Women Act* funding, should the City decide to make such an application.

- Accomplish proposed Phase I changes within existing Rape Treatment Center budget parameters.

- Ask the Commission on the Status of Women (COSW) to assume responsibility for contracting out the above recommended services which will further integrate the sexual assault service system.

The group has agreed that to ensure a full spectrum of counseling services requires additional information. Further changes will require a much more in-depth examination of needs and services.

Phase II -- Long Term Planning Recommendations

- Designate DPH staff to develop a long-range planning process to monitor, review and evaluate the implementation of Phase I recommendations (working with city-wide coordinator, currently convened group, and others such as representatives of the criminal justice system).

- Develop a proposal for integrated counseling services which will eliminate waiting lists for sexual assault survivors and will ensure access to counseling services ranging from peer counseling to long-term out-patient counseling services.

- Develop a system of coordinated care for women survivors of trauma, both within the Department of Public Health and city-wide, to ensure the most effective service delivery system.

The development of a coordinated, integrated service system will enable San Francisco to apply for federal funds targeted for the prevention and treatment of violence against women.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-95

ACCEPTING THE DEPARTMENT OF PUBLIC HEALTH STATUS REPORT ON SAN FRANCISCO RAPE TREATMENT CENTER AND ADULT SEXUAL ASSAULT SERVICES, AND ADOPTING REPORT RECOMMENDATIONS TO DEVELOP AN INTEGRATED SEXUAL ASSAULT SERVICES SYSTEM

WHEREAS, sexual assault impacts upon all San Franciscans -- either as survivors of sexual assault, a neighbor who has survived a sexual assault, a brother, sister, son, daughter, or co-worker; and,

WHEREAS, it is estimated that one in three women and one in seven men will be raped in their lifetime; and,

WHEREAS, a recent Department of Justice report finds that women are the victims of 500,000 rapes or sexual assaults annually, and that friends or acquaintances commit more than half the rapes/sexual assaults; and,

WHEREAS, an FBI report to the Senate Task Force estimates that only 10% of all rapes are actually reported, and, the same FBI report found the rates of sexual assault to be growing at four times the overall crime rate; and,

WHEREAS, sexual assault is increasingly under-reported statewide, while anecdotal information exists which suggests that the incidence of sexual assault is actually increasing; and,

WHEREAS, women who are raped are 13 times more likely to commit suicide than others; and,

WHEREAS, the recent *Female Jail Population Health Needs Assessment* (Forensic Services, April 1995) found that 56% of the women interviewed have been sexually abused, and of those, 82% knew their attacker; and,

WHEREAS, women who are raped often experience other crimes of violence, e.g., approximately 85% of survivors of domestic violence, when asked, indicated that they have also been sexually assaulted; and,

WHEREAS, the Department of Public Health has convened an Adult Sexual Assault Services Planning Group to assess the sexual assault services available in San Francisco and to identify the appropriate role for the Rape Treatment Center and Department of Public Health within that system; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 29-95 (Cont'd.)

WHEREAS, the goals of the Adult Sexual Assault Services Planning Group are to expand sexual assault services to all adults requiring such services; to ensure cost effective delivery of sexual assault services; to fill gaps in existing sexual assault services and in the overall array and quality of sexual assault services; to assure the most responsive service delivery system on the part of the Department of Public Health and as a partner in the delivery of sexual assault services; and, to facilitate continuity among all elements of the sexual assault system; and,

WHEREAS, the Adult Sexual Assault Services Planning Group, upon reviewing the current service delivery system and identifying needs and gaps in services have made recommendations to provide a more coordinated and integrated system of care for sexual assault survivors in San Francisco; and,

WHEREAS, the development of a coordinated, integrated service system will enable San Francisco to apply for federal funds targeted for the prevention and treatment of violence against women; now, be it,

RESOLVED, that *the Sexual Assault Services Status Report* presented to the Joint Health Commission and Commission on the Status of Women October 17, 1995, be accepted; and, the recommendations be adopted; and, be it,

FURTHER RESOLVED, that the Health Commission and the Commission on the Status of Women endorse the proposed collaborative effort to address sexual assault services in San Francisco and to strengthen the sexual assault service delivery system for the women and men of San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission, in its commitment to education and prevention, directs the Director of Health to designate a Department of Public Health staff member to develop a long-range planning process to monitor, review, and evaluate the implementation of Phase I recommendations.

This resolution was adopted by the Health Commission and the Commission on the Status of Women at a Joint Hearing on Sexual Assault Services on October 17, 1995.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Leatrice Miyashiro
Leatrice Miyashiro
Secretary to the Commission
on the Status of Women

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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PUBLIC NOTICE

HEALTH COMMISSION MEETING

Tuesday, November 7, 1995
3:00 p.m.
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

Annual Meeting/Report of
San Francisco General Hospital

SAN FRANCISCO
HEALTH COMMISSION

November 7, 1995

The Agenda for this meeting is missing.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 7, 1995
3:00 P.M.
at
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:00 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Rebecca P. Castaneda, D.D.S.
	Commissioner Edward A. Chow. M.D.
	Commissioner Sharon Gadberry, Ph.D.
	Commissioner Arthur M. Jackson
	Commissioner Lee Ann Monfredini
	Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 17, 1995

Action Taken: The Commission unanimously adopted the minutes of October 17, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) Consideration of a supplemental appropriation for the SSI One-Stop Project.

(3.2) Continuation of the consideration of a resolution for a Department of Public Health Sliding Fee Scale Policy. (See Attachment A, Resolution #31-95, “Adpting a Department of Public Health Sliding Fee Scale Policy).

Commissioner Castaneda requested the Department to review the actual use of this new policy after the first year and relook at the patient income status.

(3.3) CO Admin. - (AB 75) - Request to authorize adoption of County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for fiscal year 1995-96.

(3.4) CHS-CPHS - Request for approval to accept and expend a continuing allocation of $139,500 for Refugee Public Health Services, $400,000 for Immigrant Public Health Services, and $12,500 for Refugee Long Term Impact funds in a combined amount of $552,000 from the State Refugee Health Program to provide refugee preventive health services for the period of October 1, 1995 to September 30, 1996 through a contract with the International Institute. The Health Commission approved the contract with the International Institute on August 1, 1995. (DPH contracted with International Institute for services totaling $387,090 during FY 1994-95).

(3.5) CHS-STD - Sole Source request and multiyear contract with UCSF, Proctor Foundation in the amount of $120,852 per year to perform specialized chlamydia testing services for the period of two years from contract certification. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.6) BEHM - Toxics - Renewal contract with Treadwell and Rollo, Inc., and new contract with Baseline Environmental Consulting Company, for a combined amount not to exceed $250,000 to provide as needed underground storage tank environmental assessments and remediation services for the period of Controller's certification through three years.

Contractor will be diversifying its Board of Directors.

(3.7) DMS-CMHS - Multiyear contract renewal with Continuum: HIV Day Services in the amount of $98,000 per year to provide Adult Mental Health Day Care Services for individuals with AIDS for the period of July 1, 1995 through June 30, 1999. (DPH contracted with Continuum for services totaling $490,160 during FY 1994-95).

Commissioner Shriver pointed out the staffing pattern is out of compliance with its gay demographics.

(3.8) DMS-CMHS - Multiyear contract renewal with Ramsell Corporation in the amount of $2,030,444 per year, to act as a fiscal agent to reimburse residential care facility operators and sub-acute residential operator for clients living in certified State licensed facilities for the period of January 1, 1995 through June 30, 1996. (DPH contracted with Ramsell for services totaling $1,630,444 during FY 1994-95).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

FY 1996-97 City Budget

The Mayor's Office has informed departments FY 1996-97 budget instructions will be released in mid-November 1995. The Mayor's Office anticipates releasing General Fund allocations in early December 1995 with proposed departmental budgets due in mid-February 1996. As I indicated in a previous Director's Report, the Department submitted its FY 1996-97 baseline revenue and expenditure request to the Mayor's Office in early October. As the Commission is aware, our baseline budget requested an additional $53.3 million in General Funds to address cost increases and significant losses in State and Federal revenues.

DMS Audit

The State Department of Mental Health is in the process of auditing DMS. This is the first audit since the Division moved to the Rehabilitation option for Medi-Cal reimbursement. The audit will evaluate the implementation of Coordinated Care as a management tool to manage services. The Division will have the results of the audit in a few weeks.

EMERGENCY MEDICAL SERVICES

911 Telephone System Failure

On Saturday, November 4th, at approximately 9:00 a.m., the paramedic dispatchers located at CMED discovered a problem with 911. The Paramedic Division dispatchers alerted the Police Department to the complaints that 911 calls were not getting answered. Callers were either receiving a busy signal, a dead line or a recording that the line was experiencing technical difficulties. The Police Department determined that the alternate 911 Public Safety Answering Point at Northern Police Station needed to be immediately activated. Chief Paramedic Pippa Amick and MIS Manager John Applegarth reported to Northern Station to assist the Police Department. All 911 calls were routed through this site and calls for EMS were transferred to CMED using the EMS seven digit emergency number that is published in the phone book. This operation continued until 12:35 p.m. when Pacific Bell restored the normal 911 circuits. There may have been some dropped 911 calls prior to establishing the backup site; once the site was staffed no requests for service were missed. The Police Department is coordinating an investigation with Pacific Bell to determine the cause of the failure.

Emergency Medical Services Agency

The S.F. Fire Department passed a resolution in support of the EMS System Configuration Project at their meeting of October 24th. The Commission directed the Chief to provide the resources to take an active role in the EMS Project.

EMSA Medical Director Position

As you know, the Health Department recently forwarded a reappropriation request to the Board to fill the critical position of EMSA Medical Director. DPH experienced recruitment difficulties when we attempted to fill the position at its current 2235 Class. The salary was too low to attract qualified candidates. We submitted a request to the Mayor and the Board to create a new classification at a higher salary level to recruit a qualified physician. The Mayor approved the request and sent the salary recommendation on to the Board for action. The Board's Budget Analyst has requested DPH and Human Resources provide more detailed information concerning the request to justify the higher salary. We are working with Human Resources to provide the information that will hopefully ultimately result in a new classification at a higher salary. Consequently the matter has been delayed for several weeks.

SAN FRANCISCO GENERAL HOSPITAL

Comfort Garden

October 26th marked the sixth annual Comfort Garden Memorial Service at San Francisco General Hospital. The Comfort Garden is a memorial to all employees of SFGH who have died, as well as a place of solace and peace for the entire SFGH Community. This year's service included the "planting" of names of employees who departed this past year, and the dedication of the "Rose Garden." This addition was made possible through the kind donation of rose bushes grown by Ettore and Luciana Bonadori at the Bay Street Housing Project. Music for the service was provided by Johna Peterson from Coming Home Hospice.

Diversion Statistics

The Critical Care diversion for the month of October 1995 was 9.2% or 68.5 hours. Emergency Department total diversion was 1.4% or 1.5 hours.

Shanti Project Awards Dinner

Gayling Gee, R.N., M.S., SFGH Associate Administrator, was honored by the Shanti Project at its Seventh Annual Awards Dinner on November 2nd. The dinner theme, "Lighting the Darkness", acknowledged Shanti's community partners, individuals living with HIV, and Shanti volunteers. Ms. Gee has been with SFGH since 1979, and was Head Nurse of the Ward 86 HIV/AIDS/Oncology Clinic from 1981 to 1986. She also served as a Shanti Board member from 1987 to 1994.

LAGUNA HONDA HOSPITAL

Wheelchair Access Improvement Projects

Staff worked diligently the past year to develop improved wheelchair access in and around Laguna Honda. Grants of approximately $425,000 were received from the Community Development Department and American Disability Act Grant Funds. These funds will be used to modernize four toilets and install ADA compliant entrance ramps at the front and back entrances of the main building.

Due to the size, complexity and scope of work required for the front ramp (including lights, automatic door openers, compatible architectural design features), the cost estimates have escalated above original estimates. The Chief Administrative Officer has agreed to fund an additional $67,000 for this project. These projects will be bid shortly with construction to begin in spring.

State of California Proposed State Plan Amendment

The State of California Department of Health Services (DHS) is proposing an amendment to the California Medicaid reimbursement rate setting methodology by modifying the manner of calculating the median rate of reimbursement. The proposed mechanism would exclude those facilities with low Medi-Cal utilization and higher costs from the median calculation on the theory that they are "not representative" of the facilities in the category. The projected fiscal impact of this change is a reduction of $29 million on program costs. This would have a severe impact on Laguna Honda Hospital's budget. We believe that such a rate decrease would result in a $13.3 million reimbursement decrease. Mr. Wagner is working with the California Association of Hospitals and Health Systems and the California Association of Public Hospitals to defeat this detrimental proposal.

LHH Strategic Planning Retreat

The 1995 LHH strategic planning retreat is scheduled November 30th and December 1st. The retreat will focus on three issues: facility replacement plans, a continuous reimbursement stream demonstration project and development of increased efficiencies and cost reduction strategies. Commissioners Castaneda and Monfredini, Ms. Mori and I will join the Laguna Honda Executive team for this important retreat.

Employee Recognition Dinner

Commissioners Jackson and Castaneda and Ms. Mori joined me October 26th in celebrating the 14th Annual LHH Employee Recognition Dinner Dance. A total of 341 employees were honored, ranging from 4 to 45 years of service. Over 350 honorees, guests and staff attended. I commend those employees who collectively have given over 3,170 years of services to the citizens of San Francisco.

Professional Association Appointments

Recently, Mr. Wagner was elected by the California Association of Hospitals and Health Systems (CAHHS) as a delegate to Region Nine of the American Hospital Association. Region Nine includes the States of California, Hawaii, Nevada, Washington and Oregon. His term of office begins January 1, 1996 and ends December 31, 1999.

He was also elected as Secretary-Treasurer of the West Bay Hospital Conference. That term begins January 1996 and ends December 1997.

COMMUNITY PUBLIC HEALTH SERVICES

Fire at St. Paulus Shelter

Yesterday, DPH was able to quickly mobilize its resources to assist homeless women dislocated from St. Paulus Shelter as a result of a major fire on Saturday, November 4th. As you may know, the shelter, actually located in a building next to the church on Gough Street, was operated by CATS (Chemical Abuse Treatment Services). Fifty beds were available at the shelter including:

- Beds funded by DPH as interim replacement for part of the former Tom Smith short-term Residential Treatment program;
- 15 Beds for HIV positive persons funded by the AIDS Office with Ryan White Care dollars.
- 25 Beds for other homeless people funded by HUD for a Women's "Safe Haven."

Currently, the 33 women who were previously lodged at the St. Paulus Shelter are residing at two sites: the North of Market Multiservice Center and the Episcopal Sanctuary. They have been guaranteed shelter at these locations until an interim relocation site for the CATS run shelter has been set up. The shelter at St. Paulus has for some time been scheduled to occupy new quarters on February 1, 1996 at a remodeled site on 1049 Howard Street. Although St. Paulus Church was completely burned, the building where the shelter was located suffered major water damage that will preclude an immediate return. According to Mark Trotz, the Mayor's Homeless Coordinator, a number of fairly promising prospects for the interim location have been identified.

In response to the fire, DPH coordinated special efforts among its Divisions and with CATS to assist the women from St. Paulus. Two multidisciplinary teams from Tom Waddell Health Center were sent to the temporary relocation sites at the Multiservice Center North and Episcopal Sanctuary, where DPH staff assisted homeless residents to find clothing, an array of psychosocial support services, and link with their ongoing providers at Tom Waddell Health Center, Lyon Martin Health Center, and other sites. DPH medical staff, who had previously cared for many of the women at St. Paulus' shelter on an ongoing basis, conducted a regularly scheduled clinic at North of Market Multiservice Center and will staff another regularly scheduled clinic at Episcopal Sanctuary this morning. Additionally, staff from DMS provided to CATS disaster debriefing for the dislocated women and for the shelter staff, as well as temporary housing in hotels.

Sudden Infant Death Syndrome

Dr. Boyd Stephens, San Francisco Medical Examiner, joined DPH staff on November 2nd at a press conference to announce the recent findings of the Back to Sleep campaign in preventing SIDS deaths. Since January 1995, San Francisco has seen only one SIDS death, down from 15 in 1994. The Back to Sleep campaign began in December 1994 and involves educating parents and caregivers to position infants on their back or side when laying down to sleep. This simple maneuver has been shown to decrease SIDS deaths by up to 50%. CHDP staff will continue to work with new parents and the health care community to reinforce this important message.

Community Outreach and Health Education Activities at Potrero Hill

Potrero Hill Health Center is collaborating with the Housing Authority to be part of a resident resource center at the Potrero Terrace/Potrero Annex public housing project. As part of that arrangement, staff volunteers have begun providing a table with health information at the housing office at 1095 Connecticut Street for the first three days of the month, when residents come in to pay their rent. This effort started November 1st and the theme for this month is "Staying Healthy: Flu Shots and Childhood Immunizations."

Upcoming Themes:	December -	Worlds AIDS Day: HIV Prevention and Treatment
	January -	Healthy Breathing: Asthma, TB, Smoking
	February -	Heart Health: Cholesterol, Diet, Exercise, Heart Disease

Potrero Hill Health Center, along with North of Market Senior Services and 17 community agencies and organizations, is helping implement the District No. 4 Senior Central, which will provide information and assistance to seniors in Downtown and Potrero Hill neighborhoods. The Health Center is helping to staff the Potrero Hill outreach effort, facilitating meetings, and assessing needs.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

Rodent Control

DPH has redirected some of its resources to implement a new Rodent Control Program to address the growing number of public and private rodent complaints received in the last few weeks. The program includes direct rodent control services in areas of the City known to have large rat populations. A zero-tolerance policy is in effect for the 7,200 permitted food facilities inspected by the Bureau. The Bureau has worked with the local news media, through the efforts of Eileen Shields, in addressing public concerns and providing direct information regarding the Bureau's program. For further information call the Bureau's "hotline" 255-3610.

Pietro Building Site at 1798 Bay Street

On Friday, October 27th, Environmental Health staff responded to public complaints of upper respiratory problems, itchy skin, watery eyes, and skin rashes. Excavation of soil and related construction work, at a former UNOCAL service station site, was identified by the community as the alleged source of the complaints. The Bureau took a position over a year ago that the site had not been completely remediated. The property owner opposed the Bureau's findings and appealed to the State

Water Resources Control Board (Board). Since the time of the appeal, the site has been under the regulatory authority of the State Board.

The Bureau, in conjunction with the Department of Building Inspection, issued a cease work order on October 27th based upon investigation at the site and information provided by residents. Following development of a standard sampling plan, soil samples were collected and submitted for analysis on the following Monday with results anticipated this week. Concurrently, our Public Health Nurses initiated a voluntary medical survey collecting data from residents to determine if a risk exists. This information, combined with the soil analysis, will be used to assess the needs of the community.

California Energy Commission (CEC)

The Commission recently released its Presiding Member's Proposed Decision, recommending site certification of the proposed San Francisco Energy Company co-generation facility in Bayview Hunters Point. In the report, it states *"Without the SFEC project, PG&E would keep Units 2 and 3 running. With the project, Units 2 and 3 would be removed from service because it is uneconomic to put expensive, new pollution control equipment on such old, inefficient units. Essentially, PG&E's repowering [of] Units 2 and 3 is the only available option to provide generation to meet the SFOC".*

Copies have been reproduced and distributed to the Department's designated review team for study. Upon completion of our review, comments will be consolidated for submission to the Energy Commission. CEC will accept written comments during this 30-day public comment period ending November 27th. A hearing will be held November 16th in San Francisco for public comment on the document. The CEC will then publish a final decision 15 days after the close of the 30-day public hearing.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Cryptosporidium

To increase community awareness of cryptosporidium, the Health Department's Grand Rounds will be dedicated to this topic on November 15th, 3.30 - 5:00 p.m., Room #300. Jack Colford, M.D., an epidemiologist with the Center for AIDS Prevention will review the epidemiologic and medical aspects of cryptosporidium. Phillipe Daniel, a consultant working with the San Francisco Water Department will address community concerns about the quality of San Francisco water. The meeting will focus on educating public health providers on this issue.

Commissioner Chow requested an update in two weeks of the outstanding obstacles to the 911 system.

5) PRESENTATION AND CONSIDERATION OF A RESOLUTION APPROVING THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT'S APPLICATION FOR CERTIFICATION AS A UNIFIED PROGRAM AGENCY (CUPA) PURSUANT TO STATE STATUTES

Action Taken: The Commission unanimously adopted Resolution #30-95, "Endorsing the Department of Public Health Application for Certification as a Unified Program Agency", (Attachment B.)

6) CONSIDERATION OF A RESOLUTION REGARDING DEPARTMENT OF PUBLIC HEALTH PARTICIPATING IN A 1115 WAIVER TO THE HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Dr. Hernández reported that under the AB 911 State Budget Trailer Bill, the City will have an opportunity to participate in an 1115 Waiver for the Medicaid and indigent populations.

The Department believes this may be an opportune time - given the pending federal regulations in the Medicaid and Medicare budget and the restrictions under welfare reform for eligible individuals in these programs - to consider developing a comprehensive programmatic and fiscal plan to meet the needs of both the Medicaid and unsponsored populations.

Dr. Hernández proposes to convene a citywide process of interested stakeholders in the 1115 Waiver. She will bring back to the Commission the programmatic and fiscal issues.

Commissioner Chow stated the importance of having safety net providers and beneficiaries at the table for this board stakeholder process.

Action Taken: The Commission unanimously adopted Resolution #32-95, "Urging the Director of Health and the Department of Public Health Staff to Explore the Potential for Pursuing a Medicaid 1115 Waiver to Create a More Cost Effective Way of Providing Health Services to Both Medi-Cal Beneficiaries and Uninsured People in San Francisco", (Attachment C).

7) CONSIDERATION OF A RESOLUTION REGARDING THE HOSPITAL PARKING SYSTEM AT SAN FRANCISCO GENERAL HOSPITAL

Jerry Rankin, Administrative Support Services Associate Administrator, presented an overview of the proposed parking system, describing the role of San Francisco General Hospital and the Department of Parking and Traffic, (DPT). The key policy issues related to this proposed parking system are:

- DPT, in collaboration with SFGH, shall be responsible for management and operation of the SFGH parking system, which includes the garage, campus lots, perimeter spaces and alternative modes of transportation.
- The implementation of fees for parking throughout the system, which has heretofore been mostly "free", is necessary to minimize the subsidy from parking meter revenues, and,
- Recognition that the DPH/SFGH may be required to budget an annual expenditure for complimentary/validated parking in this all-day parking system.

Mr. Rankin reported the urgency for this matter is attributed to the exceptional rate of construction at which the project is proceeding. Although the contract completion date is August 1996, it is anticipated that the garage may actually be completed in May 1996. In order to have a system operator on board by April, the DPT proposed that the Parking and Traffic Commission review an outline of the MOU and approve the form of the Operator Agreement Bid at the December 5, 1995 meeting. The documents will include a rate proposal and definition of the mutual understandings and relationships between DPT and SFGH, and DPT and the operator.

Action Taken: The Commission unanimously adopted Resolution #33-95, "Endorsing the Agreement Between the Department of Public Health/San Francisco General Hospital Medical Center and the Department of Parking and Traffic to Operate the Hospital Parking System", (Attachment D).

8) PRESENTATION AND CONSIDERATION OF THE ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL

Mr. Richard Cordova, Executive Administrator of SFGH, introduced and acknowledged all members of his Executive Staff. Mr. Cordova presented the SFGH Annual Report, covering the following.

1995 STRATEGIC GOALS

- **CQI Task Forces**

QUALITY AND UTILIZATION MANAGEMENT

- **Hospital QI Plan**
- **Presentation and Consideration of the Quality Management Report**
    - **Quality Improvement**
    - **Risk Management**
    - **Patient Satisfaction**
    - **Competency Report**
    - **Health and Safety Annual Report**
- **Utilization Management**

PATIENT CARE

- **Presentation and Consideration of a Plan for Providing Patient Care**
- **Patient Rights**

MEDICAL STAFF

(This item was presented by Dr. Denise Rodgers, Chief of Medical Staff).

- **Bylaws**
- **Annual Report**

PRESENTATION AND CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL GOVERNING BODY BYLAWS

Commissioner Chow highlighted the amendments to the Bylaws. Commissioners Chow and Jackson, who serve on the Joint Conference Committee of SFGH, recommended the amendments to the full Commission for approval.

President Jackson and Vice President Chow thanked and acknowledged Mr. Cordova and his staff for their work in making the Joint Conference Committee a real working oversight committee for SFGH.

As the Governing Body for SFGH, the Health Commission took the following actions:

Action Taken: The Commission unanimously received and approved the 1994-95 Annual Report of SFGH.

Action Taken: The Commission unanimously reviewed and approved the Quality and Utilization Management Report of SFGH.

Action Taken: The Commission unanimously reviewed and approved the Plan for Providing Patient Care at SFGH.

Action Taken: The Commission unanimously adopted the amendments to the SFGH Governing Body Bylaws.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The Meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 31-95

ADOPTING A DEPARTMENT OF PUBLIC HEALTH SLIDING FEE SCALE POLICY

WHEREAS, in 1993 the San Francisco Health Commission approved revised sliding fee scales and program guidelines to standardize eligibility policies at the Community Public Health Services and San Francisco General Hospital for patients who, after thorough eligibility screening, are found to have no sponsorship and are indigent, or have limited income and would otherwise be unable to pay for the full costs for their medical services; and,

WHEREAS, the Department of Public Health currently has two sliding fee scales, one used by Community Public Health Services and the other used by San Francisco General Hospital, and the Department proposed to create one uniform sliding fee scale; and,

WHEREAS, standardization of the Department's sliding fee is consistent with the Department's desire to create one network of community-based and hospital-based primary care and outpatient services; and,

WHEREAS, this sliding fee scale policy would apply to all patients who fall at or above 120% of the federal poverty level, the lowest income level where patients are assessed a share of cost; and,

WHEREAS, the Department proposes that all primary care clinics, both within Community Public Health Services and San Francisco General Hospital, adopt a $10.00 per month minimum share of cost for primary care services that would be assessed to all patients with a share of cost liability; and,

WHEREAS, patients who use primary care clinic services in any given month and who are either referred to a San Francisco General Hospital specialty clinic, have prescriptions filled or are referred for diagnostic or ancillary services in that same month, are assessed an additional minimum share of cost of $15.00 per month for these subsequent services; and,

WHEREAS, in the case of prescription drugs, the patient will be assessed the price of the drug or the minimum share of cost ($15.00), whichever is less; and,

WHEREAS, patients with a share of cost liability, who only receive services from San Francisco General Hospital specialty clinics in any given month, will be assessed a minimum share of cost of $25.00 per month; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 31-95 (Cont'd.)

WHEREAS, San Francisco General Hospital may also assess a share of cost to patients being admitted electively or emergently, and to patients scheduled for ambulatory surgery, and those patients fall at or above 160% of the federal poverty level with a minimum share of cost of $150.00 per episode; and,

WHEREAS, it is deemed that only residents of the City and County of San Francisco are eligible for sliding scale programs; and,

WHEREAS, any and all fees may be waived upon determination of severe financial hardship and that no medically necessary services will be denied because of inability to pay; and,

WHEREAS, patients who are eligible for Medi-Cal, sponsored by other third party or any other coverage are required to utilize these benefits programs before being considered for sliding fees scale programs; now, therefore, be it

RESOLVED, that the San Francisco Health Commission adopts and approves the revised fee scales and program guidelines and authorizes the Director of Health to direct responsible staff to ensure that the programs are uniformly applied at all appropriate service sites.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 7, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 2 of 2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 30-95

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR CERTIFICATION AS A UNIFIED PROGRAM AGENCY

WHEREAS, Chapter 6.11 of the California Health and Safety Code requires the consolidation of six hazardous waste and hazardous materials programs to create a "Certified Unified Program Agency" (CUPA); and,

WHEREAS, Chapter 6.11 of the California Health and Safety Code further requires that all Counties apply for certification as a Unified Program Agency prior to December 31, 1995; and,

WHEREAS, the City and County of San Francisco, through the Department of Public Health, currently administers the hazardous waste and hazardous materials programs that are required to be administered by a Certified Unified Program; and,

WHEREAS, the consolidation of programs required under a Certified Unified Program is consistent with the overall Departmental goal to streamline and improve program efficiency and service delivery; now, therefore, be it

RESOLVED, that the San Francisco Health Commission endorses the Department of Public Health application to the California Department of Toxic Substances Control for certification as a Unified Program Agency; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor and the Board of Supervisors to approve the Department of Public Health application for certification as a Unified Program Agency.

I hereby certify that the forgoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 7, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 32-95

URGING THE DIRECTOR OF HEALTH AND DEPARTMENT OF PUBLIC HEALTH STAFF TO EXPLORE THE POTENTIAL FOR PURSUING A MEDICAID 1115 WAIVER TO CREATE A MORE COST-EFFECTIVE WAY OF PROVIDING HEALTH SERVICES TO BOTH MEDI-CAL BENEFICIARIES AND UNINSURED PEOPLE IN SAN FRANCISCO

WHEREAS, the prospects of severe Federal budget reductions in Medicaid/Medicare and SAMHSA threaten to erode the fiscal basis of health services provided through the Department of Public Health; and,

WHEREAS, inadequate capitation rates available through the State of California's Two-Plan Medi-Cal Managed Care Program will be further exacerbated by federal reduction in Medicaid funding made to the State, thereby making the provision of health services to Medi-Cal beneficiaries even more tenuous; and,

WHEREAS, legislative proposals that would cap entitlement programs by restricting eligibility for federal and federal/state assistance and/or reducing covered benefits would significantly increase the responsibility of local health departments for caring for more indigent and uninsured people while at the same time reducing available revenues to carry out this responsibility; and,

WHEREAS, the increasing demand on the local General Fund to offset declining State and Federal revenues will further compromise the ability of the Department of Public Health to maintain its indigent care responsibility and to compete successfully in the Medi-Cal managed care market; and,

WHEREAS, the Department is committed to ensuring the provision of a cost-effective, comprehensive system of preventative, primary, adult, long term, mental health and substance abuse services for our clients; and,

WHEREAS, the Health Commission and the Board of Supervisors have already endorsed the development of a Managed Mental Health Care System in San Francisco and stated the County's willingness to assume responsibility for the provision of Mental Health Services to Medi-Cal recipients; and,

WHEREAS, the Department has expressed concern that long term care services have generally not been systematically addressed in the development of comprehensive health care delivery system; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 32-95 (Cont'd.)

WHEREAS, Section 1115 (a) of the Social Security Act (42 U.S.C. B15) enables States to request exemptions from Medicaid rules for the purpose of demonstrating cost-effective alternatives to the provision of health services under the Medicaid Program; and,

WHEREAS, the Los Angeles County Health Department is preparing an 1115 Waiver request for the State to submit on its behalf to the Federal Health Care Financing Administration (HCFA) as part of the effort to assist Los Angeles through its health care fiscal crisis; and,

WHEREAS, AB 911 passed by the California Legislature enables any County to request inclusion in this State 1115 Waiver within a narrow, 72-hour period after receiving notification from the State of is intent to seek a waiver; and,

WHEREAS, an 1115 Waiver would make it possible to pool all of the dollars that currently pay for health services to Medi-Cal beneficiaries and uninsured people in San Francisco in order to create a more rational and cost-effective system of care using a broad provider network that could minimize the harmful consequences of proposed Federal budget reductions on the County as a whole; now, therefore, be it,

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby urge the Director of Health and Department of Public Health staff to explore the potential of developing a Medicaid 1115 Waiver proposal for the City and County of San Francisco to provide a rational cost-effective continuum of health services to Medi-Cal beneficiaries and uninsured residents of San Francisco; and, be it

FURTHER RESOLVED, that the Director of Health present to the Health Commission regular status reports regarding the development of our 1115 Waiver, this work shall be in sufficient time to meet the narrow time requirements for submission of a waiver request on behalf of Los Angeles County; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to support the Department of Public Health efforts to develop an 1115 Waiver.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 7, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 33-95

ENDORSING THE AGREEMENT BETWEEN THE DEPARTMENT OF PUBLIC HEALTH/SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER AND THE DEPARTMENT OF PARKING AND TRAFFIC TO OPERATE THE HOSPITAL PARKING SYSTEM

WHEREAS, a critical shortage of vehicle parking spaces exists at the San Francisco General Hospital Medical Center (SFGHMC or "Hospital"), and the parking needs of patients, visitors, and employees are in conflict with the needs of residents in the surrounding community; and,

WHEREAS, the Hospital is committed to providing convenient, safe, reasonably priced parking for patients, visitors, and staff; and,

WHEREAS, convenient parking and efficient transportation are essential to the future livelihood of the Hospital, and its role in the Department of Public Health; and,

WHEREAS, the Department's support of the City's "transit first" policy will facilitate the integration of alternative transportation modes into the parking system at SFGHMC; and,

WHEREAS, the Hospital desires to minimize street congestion and lack of on-street parking spaces for the adjacent residential community; and,

WHEREAS, the Parking Authority is authorized by the Parking Law of 1949 and subsequent City Board of Supervisors Resolution #9126 (Series of 1949), adopted on October 3, 1949, to finance and administer the construction and operation of public off-street parking facilities; and,

WHEREAS, the Parking Authority has issued Series 1994 Parking Meter Revenue Bonds to finance the construction of a Parking Garage at SFGHMC; and,

WHEREAS, the Department of Parking and Traffic (DPT) shall issue a competitive bid for third party operator to manage daily operations of the Parking System; and,

WHEREAS, it is the intent of the DPH/SFGHMC that the DPT operate the Parking Garage and spaces on the Hospital Campus and perimeter as an integrated Parking System; and,

WHEREAS, the Hospital is seeking reimbursement under SB 1732/2665 of a portion of the capital costs related to the garage construction in order to minimize the debt service and operating expense subsidy from parking meter revenues and local taxpayers; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 33-95 (Cont'd.)

WHEREAS, all spaces in the Parking System, except those for official or utility vehicles, shall require payment of a fee by users to minimize the subsidy from parking meter revenues and local taxpayers; now, therefore, be it

RESOLVED, that the San Francisco Health Commission directs the DPH/SFGHMC to create a Parking System Plan; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission directs the DPH/SFGHMC to create a plan which shall include payment of a fee to park a vehicle within the Parking System, and to work with DPT to forward rates to the Board of Supervisors for approval; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission directs the DPH/SFGHMC to develop a Memorandum of Understanding with the DPT which shall define mutual obligations in the operation of the Parking System.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 7, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 2 of 2

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

November 21, 1995
3:00 P.M.
at
301 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 7, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) Consideration of a resolution urging the Board of Supervisors to consider a request for supplemental funding in the amount of $585,289 to support a breast cancer initiative.

(3.2) CHS-AIDS - Modification to the CARE contract with UCSF/AIDS Health Project, in the amount of $109,542, for the provision of Mental Health crisis services to persons with HIV disease, for the period of December 1, 1995 through March 31, 1996. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.3) CPHS-STD - Sole Source request and multiyear contract with UCSF, Department of Adolescent Medicine in the amount of $71,955 per year to develop, implement and evaluate an innovative, non-clinic based approach to increase access to STD services for youth at high risk of infection with sexually transmitted diseases for the period of December 31, 1995 through December 30, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.4) CPHS-STD - Sole Source request and new multiyear contract with U.C. Berkeley, Survey Research Center in the amount of $67,109 per year to coordinate and implement a population-based survey of high risk youth in the target communities for the period of December 31, 1995 through December 30, 1997.

(3.5) DMS-CMHS - Multiyear contract renewal with MSC Psychiatric Services Corporation in the amount of $463,880 per year to provide adolescent day treatment services for the period of July 1, 1995 through June 30, 1999. (DPH contracted with MSC for services totaling $416,880 during FY 1994-95).

(3.6) DMS-CMHS - Contract renewal with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.7) DMS-CSAS - Contract renewal with Cornell Corrections (formerly Eclectic Communications, Inc.), in the amount of $67,150/final year, to provide residential substance abuse services for parolees for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Eclectic Communications for services totaling $67,150 during FY 1994-95).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **UPDATE FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S HEALTH ADVISORY COMMITTEE**

6) **CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS**

7) **CONSIDERATION OF A RESOLUTION ON A DEPARTMENT OF PUBLIC HEALTH POLICY ON THE EMPLOYMENT OF PERSONS WITH DISABILITIES**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 21, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow. M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Michael D. Shriver
Absent:	Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 7, 1995

Action Taken: The Commission unanimously adopted the minutes of November 7, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) Consideration of a resolution urging the Board of Supervisors to consider a request for supplemental funding in the amount of $585,289 to support a breast cancer initiative.

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Department is requesting approval of this contract only through February 1996.

Commissioner Shriver requested a monthly status report on the progress to address deficiencies be presented at the Budget Committee. This item will be calendared for the December 19, 1995; January 23 and February 20, 1996 meetings.

Commissioner Shriver commended the contractor for its improvement towards compliance with the affirmative action policy.

(3.7) DMS-CSAS - Contract renewal with Cornell Corrections (formerly Eclectic Communications, Inc.), in the amount of $67,150/final year, to provide residential substance abuse services for parolees for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Eclectic Communications for services totaling $67,150 during FY 1994-95).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Gadberry abstaining on #3.2 and #3.3.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

1996-97 City Budget

As part of the City's 1996-97 budget preparation process, the Mayor released his 1996-97 budget priorities. As in previous years, the Mayor reiterated his commitment to public safety, making it one of his top priorities. The Mayor has asked departments which have violence prevention programs to either maintain or improve the present level of services in this area.

The Mayor asked City departments to "rethink their method of service delivery" in order to improve efficiencies. Efficiencies could be pursued through increased automation, consolidation, or through using alternative service providers. The Mayor is continuing his Budget Incentive Program in 1996-97. The Mayor's priority for this program is to allow departments to purchase equipment which improves efficiency if the department achieves savings in overtime, personnel and workers' compensation costs.

The Mayor indicated his intent to expand his program which returns unexpended funds to departments which have year-end savings. The Mayor will work with the Board of Supervisors and the City Controller to establish a Savings Incentive Fund in the City's Administrative Code. The Mayor also indicated that 1996-97 general fund allocations will take into account any funding impacts as a result of the Federal 1996 budget proposals. As you know, the Department has projected significant reductions in Medicare, Medicaid and Substance Abuse/Mental Health funding.

ADMINISTRATION

Proposition 187

Yesterday, U.S. District Judge Mariana Pfaelzer struck down key provisions of Proposition 187, ruling that the measure conflicted with federal power over immigration. California Attorney General Dan Lungren is expected to appeal the ruling.

The ruling keeps intact temporary court orders which have blocked implementation of Proposition 187. As a result, undocumented newcomers cannot be denied public schooling and cannot be asked their immigration status when applying for health and welfare benefits. Consistent with past legal rulings, Judge Pfaelzer ruled that Proposition 187 conflicts with federal guarantees for public elementary and secondary education.

Judge Pfaelzer's ruling did not address proposed bans on higher education for undocumented persons or the use of heavy penalties for persons using falsified immigration documents. These issues and other remaining portions of the Proposition 187 will be challenged during trial proceedings. The trial has not yet been scheduled.

Governor Wilson, who has consistently supported Proposition 187, denounced the ruling. He also stated that the ruling may shift the focus of immigration reform to the federal level where it appropriately belongs.

As you know, the Department has not implemented any provisions of Proposition 187. We believe that Judge Pfaelzer's ruling sends an important message by ensuring continued access to necessary public health and personal health care services.

Appointment

I am pleased to announce today that I have appointed Ms. Jo Ruffin to the position of Deputy Director of Health for Mental Health Programs.

Ms. Ruffin's appointment follows a six month Civil Service recruitment and selection process which included participation from community and consumer advocates and Mental Health professionals. The S.F. Mental Health Board has endorsed this appointment.

Jo Ruffin has worked for the Health Department for 29 years, beginning in 1966 as a Psychiatric Social Worker at the Center for Special Problems. Jo was promoted to Senior Psychiatric Social Worker in 1968 and became the Chief Psychiatric Social Worker at Bayview Mental Health Center in 1973 working in the Geriatrics Program. In 1978, Jo was promoted to Assistant Clinical Director for Southeast and Mission Mental Health Centers. Jo was appointed in 1986 as the Director of Geriatric Programs for Mental Health Services. In March of this year, Jo was appointed the Mental Health Director of System of Care.

On behalf of the Health Department and the Health Commission, I would like to take this opportunity to congratulate Jo Ruffin and wish her well in this very important position. I look forward to working with Jo as a member of the Department's Executive Staff.

SAN FRANCISCO GENERAL HOSPITAL

Advice Nurse Service

Over the past eleven months a multidisciplinary team has been working on the development and implementation of a system wide primary care based advise nurse service for the Community Health Network of San Francisco. Team members included physician and nurse representatives from Health Center #3, Potrero Hill Health Center, SFGH Women's Service, SFGH Pediatric Clinics, and SFGH Telecommunications. Advice Nurse System start-up leaders were: Mary Anne McGuire-Hickey, RN, MS; Kami, RN, MS and Chris Wachsmuth, RN, MS. Dr. David Ofman provided consultation throughout the planning process. Nurse Managers, Physician Chiefs and Center Directors from both CPHS and SFGH also participated providing feed-back, direct consultation and critique.

The team completed the following activities to create the advice service:

- Reviewed existing advice services throughout CPHS/SFGH;
- Conducted a 30-day call a volume analysis at all sites where advice is currently provided;
- Developed an advice documentation tool to be used system wide;
- Wrote 34 advice protocols for use with adults and children;
- Conducted advice educational conferences;
- Created an advice nurse job description, orientation and competency assessment program, and;
- Created an advice focused continuous quality improvement (CQI) program for use system wide.

Reopening of the Main Outpatient Registration Counter

This area has undergone extensive remodeling and renovation to make it more accessible and comfortable for patients and staff. Patients now take a number and are seated while waiting for the next available Registration Clerk. We have added glass partitions between registration stations to provide privacy during the interview. A festive ribbon cutting ceremony took place on November 13th.

Paramedic Plant Lease Amendment

The proposal to seismically brace the Paramedic Division Headquarters moved forward with approval of the plant lease amendment at the Board of Supervisors yesterday. The amendment allows for seismic bracing of the facility to meet the State's Essential Services Building Code by the end of April 1996. When finished, the Paramedic Building, which includes 911 Medical Dispatch (CMED) will be the only 911 facility in San Francisco with an "Essential Services rating level".

C-Med as a Hot Back-Up Site

Pippa Amick, Paramedic Division Chief, and Sebastian Wong, Assistant Chief of Paramedic Dispatch operations have been working with the S.F. Police Department 911 Dispatch Center to identify requirements for the utilization of the Paramedic Division's Central Medical Dispatch (C-MED) as the "hot back-up" to the City's 911 Dispatch Center at 850 Bryant. John Applegarth, Paramedic IS Manager has also participated in reviewing needed technology. These discussions have resulted in drafting of a preliminary work plan that would direct an expeditious conversion of C-MED to serving as the 911 system "hot back-up". Phasing plans for the conversion are in discussion now.

Currently, when operational needs dictate use of a back-up site, the SFPD Northern Station is used. The Paramedic Division's C-MED is on-line 24 hours per day and has the current capability of serving as back-up to SFPD's existing 911 operation. C-MED is housed on the second floor of the Paramedic Division's Headquarters Building on 25th Street and Potrero.

Long term, even though C-MED operations will be part of the consolidated 911 Dispatch services at the Turk Street site, the Paramedic Division's facility will also continue to be available as a "hot back-up" dispatch site.

NAPH

This past week the National Association of Public Hospitals held their Annual Conference in Washington, D.C. NAPH has made and will continue to make a concerted effort to protect safety net institutions. At the Board meeting, the Association announced an approved change to their name. The association will now be known as the National Association of Public Hospitals and Health Systems. Also, the Board voted a new slate of officers which included Richard Cordova as Chair for 1996.

Diversion Statistics

Critical Care diverted for 17 hours and 55 minutes or 3.9% for period November 1 - 19, 1995. Total (ED) diversion equal 17 hours and 40 minutes or 3.9%.

LAGUNA HONDA HOSPITAL

Highest Census in LHH History

On November 16, 1995 LHH reached a daily census of 1192. This is the highest daily census in the history of the institution.

Personnel Transitions

Mr. Wagner announced a number of staffing changes at Laguna Honda Hospital:

- Sharon Nevins has been appointed Interim Chief Financial Officer of the Hospital. Ms. Nevins brings with her years of financial management experience. She formerly served as CFO of the Department of Public Health. Prior to that she was a consultant with the prestigious health consulting firm of Lewin VHI.

- Adrianne Tong, Deputy City Attorney, began working at Laguna Honda Hospital November 16th. Ms. Tong will be responsible for developing, implementing, and managing the Worker's Compensation Management Program and coordinating the Risk Management Program. Additionally, Ms. Tong will advise the Executive Committee on topics such as labor relations, Federal, State and local regulations as they apply to LHH, licensing and certification and medical related legal issues. Prior to coming to Laguna Honda, Ms. Tong was assigned to the Office of the City Attorney as a Worker's Compensation Case Attorney. Ms. Tong has a variety of experiences as an attorney serving as a Juvenile Attorney for the Juvenile Courts and as a Public Defender for Los Angeles County.

- Sal Tandoc was promoted to Materials Manager for Laguna Honda Hospital effective November 14th. He formerly served as Associate Director of Nutrition Services.

- Gerhard Mollenhauer was appointed Director of Plant Services and began work at LHH yesterday. Mr. Mollenhauer comes to LHH from Sequoia Hospital in Redwood City where he served as Director of Engineering since 1980.

Testimony to the California Senate's Subcommittee on Aging's Hearing
Anthony Wagner represented the California Association of Hospital and Health Systems (CAHHS) at a hearing of the California Senate's Subcommittee on Aging in Los Angeles October 30th. The purpose of the hearing was to detail the expected outcomes of the Medicare and Medicaid legislation currently proposed by Congress.

Name the Bus Campaign
Patients representatives have chosen a name for the patient bus ride program. The new name is "The Laguna Honda Hospital Express".

COMMUNITY PUBLIC HEALTH SERVICES

Signature Information System
I am pleased to report that the first installation of the new Signature Information System was successfully completed at Potrero Hill Health Center on November 1st. As you know, the Signature System will give us a state-of-the art information system throughout all of our ambulatory care sites. The Signature System will improve our appointment, registration, eligibility and billing functions, it will enable medical providers to order and receive diagnostic results on-line and, eventually, to have a Lifetime Clinical Record that will be the automated medical record for all of our patients that includes clinical information from all sources in our health care delivery system.

There will be a phase-in schedule to bring the rest of the primary care sites on the Signature System over the next several months.

I particularly want to thank MIS staff members John McGee, Fred McGregor, Almir Guimaraes, Matt Reid, Roy Entin, Serena Rivera, John Chang and Edgar Castro who, under the leadership of Joe Abrego, worked tirelessly to bring Potrero Hill Health Center up on schedule. They also received valuable assistance from Anola Small and Robert Perry from the Billing Department at San Francisco General Hospital. I congratulate them for a job well done, in what will be the first in a series of critical installation projects.

New CMS Director

Twila Brown, RN, MPH, has been appointed the new Director of Children's Medical Services (CHDP/CCS). Her first day of work was October 23rd.

Ms. Brown brings her expertise as Deputy Director of CHDP and CCS in Alameda County where she worked for eight years; the past four years she has worked as a Nurse Practitioner in the Juvenile Hall for Alameda County. We are very fortunate to have someone of this caliber working for the San Francisco Health Department.

DIVISION OF MENTAL HEALTH SERVICES

Quality Improvement

The Division continues to work on monitoring outcome objectives, the grievance procedure and target population criteria through a Quality Improvement Process. In addition to the Division's internal assessments, DMHS has issued an RFP for an outside contractor to conduct program reviews. Several people attended the bidders conference, we are hopeful to have someone selected by December.

DMS Housing Plan

The Housing Plan for DMS was unanimously adopted by the Board of Supervisors. Thanks to the many people who helped with presentations at the meetings.

COMMUNITY SUBSTANCE ABUSE SERVICES

Drunk and Drugged Drive (3D) Prevention Month

December is Drunk and Drugged Driver Prevention Month. CSAS is working with the San Francisco Drug Abuse Advisory Board and City-Wide Alcoholism Advisory Board on 3D activities; furnishing public service announcements, letters to the editor, opinion editorials to local media and holding a special non-alcoholic holiday beverage recipe contest.

The primary messages of 3D are: to serve less alcohol to holiday guests and customers, to discourage alcohol consumption by minors in your household, and to monitor people's consumption and prohibit them from driving under the influence.

The San Francisco Drug Abuse Advisory Board and City-wide Alcoholism Board will hold their annual holiday gathering and community awards presentation on December 13th, 5:00-7:00 p.m. at Raffles, 1390 Market Street. The 1995 Gene Coleman Award from the CAAB will be given to Darryl Inaba (Haight Ashbury Free Clinics). The 1995 Evelyn Wilson Award from the DAAB will be given to Enola Maxwell of Potrero Hill Neighborhood House. The awards are for outstanding service to the field of alcohol and drug prevention and treatment

The non-alcoholic beverage contest will be awarded at the December 13 party. Prizes have been donated from Trader Joe's and the Bed and Bath Superstore.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

Rossi Pool Incident

As you know, an incident involving a chlorine gas leak occurred on November 13th at the Rossi Pool. DPH staff, working with Rec and Park personnel have retrofitted the venting system and have approved the reopening of the pool. Rec and Park has hired an outside consultant to test the equipment in question. DPH will continue to monitor activity at the site and are proceeding with our own investigation of the incident.

Many commendations are in order to the entire emergency response team, including the DPH Paramedics and the Hazardous-Material Responders. The Department will continue to work with all of the facility throughout the city that utilize acutely hazardous materials in an effort to minimize risk and exposure. I will keep the Board informed regarding the investigation at the Rossi Pool as matters evolve.

Underground Storage Tank

Presently there are around 1,015 underground storage tanks located in the City and County of San Francisco. Approximately 30% of these tanks must be upgraded to meet Federal, State and local standards prior to December 22, 1998.

The Bureau of Environmental Health Management - Hazardous Materials Program is taking a proactive role in encouraging tank owners to upgrade their tanks prior to the 1998 deadline. Tank owners may have difficulty finding licensed contractors to do the upgrade work as the deadline approaches and demand for contractor's services increases

Staff of the BEHS - Hazardous Materials Program presented a three hour evening workshop on December 13th regarding the underground storage tank upgrades. The workshop was attended by approximately 60 people. Attendees included underground storage tank owners, operators, consultants and contractors. The purpose of the workshop was to provide information regarding upgrade requirements and to encourage early compliance.

CREDENTIALING PHYSICIANS

Monthly Report to Joint Conference Committee
Third Quarter: Academic Year 1994-95

Committee Actions		**October 1995**	**Year-to-Date Total**
Appointments	Active	9	68
Month Total = 23	Courtesy	13	185
	Affiliated	1	17
Reappointments Submitted	Active	12	149
Month Total = 25	Courtesy	11	252
	Affiliated	2	56
Reappointments Not Submitted	Active	3	8*
Month Total = 8/27*	Courtesy	3	16*
	Affiliated	2	3*
Change in Privileges		7	17
Change in Staff Status		3	46
Resigned/Separated		23	216

*January 1995 to present.

5) UPDATE FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S HEALTH ADVISORY COMMITTEE

Belma Gonzalez and Rebecca Rolfe, members of the Department of Public Health Women's Health Advisory Committee (WHAC), gave a historical background and an overview of the WHAC report presented at a joint hearing of the Health Commission and the Commission on the Status of Women back in April 1994. As a result of many focus groups, the report proposed a women-centered model. WHAC is presently convening diverse focus groups to respond to the proposed model and to implement the model. The focus groups are composed of the diversity of providers, practitioners, and clients. WHAC will report to the Commission the results from these focus groups in early 1996.

Commissioner Chow requested the WHAC 1994 Report be sent to health representatives from Russia.

Commissioner Gadberry pointed out the proposed the proposed model would benefit everyone and is interested in how managed care would impact this model.

6) CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS

Dr. Bob Prentice, Deputy Director for Community Public Health Services, provided the following background information:

The Health Commission previously adopted a policy defining the principles and procedures under which proposals for the renaming of City owned facilities would be considered. Consistent with that policy, the Health Commission subsequently endorsed a proposal to rename Health Center #2, the "Maxine Hall Health Center", which was approved by the Board of Supervisors.

A community process was initiated over a year ago to rename the numbered health centers, in conjunction with Community Advisory Boards, with names that have greater significance to the communities served. The designation of five of the ten health centers in the Community Oriented Primary Care Network with numbers dates back to the time when the City and County of San Francisco was divided into five public health districts. With the introduction of primary care into those former public health clinics, the addition of other clinics into the network and the redefinition of target area from public health district to identified community, the numbering system lost its rationale; moreover, the attempt to establish strong partnerships with communities as a fundamental principle of community oriented primary care, it is hardly the statement of respect we want to show those communities to designate their health centers by numbers.

The proposed names were developed by health center staff, Community Advisory Boards, and community members. In some instances, there were active attempts to involve the entire community, including contests and newspaper publicity. Although names that are mostly associated with location might not, at first glance, seem to indicate such extensive efforts, much thought and debate went into names of health centers that generally serve diverse communities with their own identities. The proposals represent the best combined efforts of staff and community to more firmly establish the identity of the health centers with the communities they serve.

The proposed names are:

Health Center #1- - **Castro-Mission Health Center**
Health Center #3 - **Silver Avenue Family Health Center**
Health Center #4 - **Mason-Broadway Health Center** (in English)
- **Chinatown Health Center** (in Chinese)
Health Center #5 **Ocean-Park Health Center**

Commissioner Chow raised an issue of concern that confusion may arise with two different names (one in English and one in Chinese) for Health Center #4. By consensus, the Commission requested the Health Center #4 Community Advisory Board to reconsider having one same name in English and Chinese.

This item was continued to the December 5 meeting.

7) CONSIDERATION OF A RESOLUTION ON A DEPARTMENT OF PUBLIC HEALTH POLICY ON THE EMPLOYMENT OF PERSONS WITH DISABILITIES

Ed Gazzano, DPH Personnel Director; and Gloria Louie, EEO Director and DPH Disabilities Coordinator, provided information on the definition of disabilities and the implementation of the proposed policy.

Dr. Hernández indicated that this proposed policy would be posted as a Department of Public Health Policy on Department of Public Health letterhead.

Action Taken: The Commission unanimously adopted Resolution #34-95, "Establishing the City and County of San Francisco Civil Service Commission Policy on Employment of Persons with Disabilities as the Policy of the Health Commission and the Department of Public Health", (Attachment A).

8) OTHER BUSINESS/PUBLIC COMMENTS

The Health Commission will have a Special Planning Meeting a Tuesday, December 12, 1995 from 12 noon to 6:00 p.m. at Laguna Honda Hospital.

The Health Commission will have a Special Meeting with four other Commissions for a joint hearing on the Children's Plan of the Mayor's Office of Children, Youth and Their Families. The date is Thursday, December 14, 1995 at 4:30 p.m., Board of Supervisors Chambers, 401 Van Ness, Room #404.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 34-95

ESTABLISHING THE CITY AND COUNTY OF SAN FRANCISCO CIVIL SERVICE COMMISSION POLICY ON EMPLOYMENT OF PERSONS WITH DISABILITIES AS THE POLICY OF THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the Civil Service Commission at its meeting of September 18, 1995 adopted the Policy of Employment of Persons with Disabilities; and,

WHEREAS, the Civil Service Commission has requested that this policy be adopted by City Boards and Commission for the Departments they oversee; and,

WHEREAS, the Health Commission supports the Civil Service Commission in the development of procedures to implement this policy; now, therefore, be it

RESOLVED, that the Health Commission establishes as its policy and the policy of the Department of Public Health, the City and County of San Francisco Civil Service Commission Policy on Employment of Persons with Disabilities; and, be it

FURTHER RESOLVED, that the Health Commission directs the Director of Health to post on bulletin boards and otherwise widely circulate this policy so that it is brought to the attention of all Public Health employees.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 21, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

December 5, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 21, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) Consideration of a 5-year lease for the Satellite TB Clinic, TB Outreach Prevention Services (TOPS), for administrative and clinical space at 973 Market Street at $3,308.24 per month.

(3.2) CHS-CPHS - Combined request to approve an ordinance to amend the San Francisco Administrative Code by amending Section 19A.20 to authorize the Director of Public Health to execute agreements with non-governmental entities to perform technical laboratory services; and to enter into a Clinical Study Agreement with Abbott Laboratories under which the S.F. Department of Health will be paid up to $62,400 and reasonable out-of-pocket expenses for those services for the period of 12 months.

(3.3) CHS-AIDS-TB Clinic - Sole Source request and new contract with UCSF, Department of Adolescent Medicine in the amount of $375,000 to conduct statewide training and consultation on Tuberculosis to public health clinical staff and private sector physicians for the period of January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.4) **CHS-AIDS** - New contract with The Support Center, in the amount of $225,842, to provide organizational development and capacity building services to various HIV prevention providers and Department of Public Health programs for the period of December 11, 1995 through May 31, 1996. (DPH contracted with Support Center for services totaling $951,933 during FY 1994-95).

(3.5) **CHS-FAMILY MOSAIC** - Approval of renewal of contract with State Department of Health Services to operate a capitated Medi-Cal reimbursement program for the period of January 1, 1996 through June 30, 1998.

(3.6) **CHS-CPHS** - Sole Source request and a new contract with Baker Places, in the amount of $161,597 for the provision of client-centered mental health and substance abuse services at supportive housing sites, for the period of December 15, 1995 through June 30, 1996. The sole source request is for the annual amount of up to $450,000 per year, for the period of December 15, 1995 through June 30, 2000. (DPH contracted with Baker Places for services totaling $4,815,146 during FY 1994-95).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF A RESOLUTION FOR AIDS AWARENESS MONTH**

6) **CONTINUATION OF CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS**

7) **CONSIDERATION OF A RESOLUTION APPROVING A COMMERCIAL MANAGED CARE AGREEMENT WITH PACIFICARE TO PROVIDE HOSPITAL SERVICES TO COMMERCIAL PLAN ENROLLEES WHO HAVE SELECTED A PRIMARY CARE PROVIDER FROM THE SAN FRANCISCO GENERAL HOSPITAL CLINICAL PRACTICE GROUP**

8) **PRESENTATION OF THE SPECIAL EDUCATION OF THE SEVERELY EMOTIONALLY DISABLED (SED) MENTAL HEALTH REPORT**

9) **UPDATE ON BAYVIEW HUNTERS POINT NAVAL SHIPYARD SUPERFUND SITES**

10) **PRESENTATION OF HAZARDOUS MATERIALS MAPPING**

11) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 5, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present:	Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow. M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini
Absent:	Commissioner Debra A. Barnes Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 21, 1995

Action Taken: The Commission unanimously adopted the minutes of November 21, 1995.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Consideration of a 5-year lease for the Satellite TB Clinic, TB Outreach Prevention Services (TOPS), for administrative and clinical space at 973 Market Street at $3,308.24 per month.

(3.2) CHS-CPHS - Combined request to approve an ordinance to amend the San Francisco Administrative Code by amending Section 19A.20 to authorize the Director of Public Health to execute agreements with non-governmental entities to perform technical laboratory services; and to enter into a Clinical Study Agreement with Abbott Laboratories under which the S.F. Department of Health will be paid up to $62,400 and reasonable out-of-pocket expenses for those services for the period of 12 months.

(3.3) CHS-AIDS-TB Clinic - Sole Source request and new contract with UCSF, Department of Pulmonary Medicine, in the amount of $375,000 to conduct statewide training and consultation on Tuberculosis to public health clinical staff and private sector physicians for the period of January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

Commissioner Gadberry abstained on this item.

(3.4) CHS-AIDS - New contract with The Support Center, in the amount of $225,842, to provide organizational development and capacity building services to various HIV prevention providers and Department of Public Health programs for the period of December 11, 1995 through May 31, 1996. (DPH contracted with Support Center for services totaling $951,933 during FY 1994-95).

(3.5) CHS-FAMILY MOSAIC - Approval of renewal of contract with State Department of Health Services to operate a capitated Medi-Cal reimbursement program for the period of January 1, 1996 through December 31, 1998.

Commissioner Castaneda requested a presentation to the Commission on the activities and results of the Family Mosaic Project. This item will be calendared for January 1996.

(3.6) CHS-CPHS - Sole Source request and a new contract with Baker Places, in the amount of $161,597 for the provision of client-centered mental health and substance abuse services at supportive housing sites, for the period of December 15, 1995 through June 30, 1996. The sole source request is for the annual amount of up to $450,000 per year, for the period of December 15, 1995 through June 30, 2000. (DPH contracted with Baker Places for services totaling $4,815,146 during FY 1994-95).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Gadberry abstained from discussing and voting on #3.3.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health).

Dr. Hernández introduced John Cooper, Deputy City Attorney, substituting for Paula Jesson, and Jim Lazarus, Director of Special Projects for the Port Commission.

ADMINISTRATION

White House Conference on HIV/AIDS

As you know, I will be leaving later today for Washington, D.C., Commissioner Shriver and I have been invited to attend a Conference on HIV/AIDS at the White House. The meeting is scheduled for tomorrow, Wednesday, December 6, 1995. Participants will be reporting and making recommendations to the President regarding this global epidemic. I will report on the proceedings at the next Commission meeting.

State Department of Health Services (DHS)

Late last month, I had the opportunity to speak with Ms. Kim Belshe, Director, DHS, regarding the State's vision and planning for the possibility of Medicaid block granting.

While Congress has not yet passed a Federal Medicaid bill there are a few things which appear likely to occur:

1. States will be given a significant amount of flexibility on how Federal Medicaid dollars are spent within the State.

2. Repeal of the Boren Amendment which calls for including reimbursement to providers (hospitals) based on reasonable cost.

In California we should also anticipate:

3. Reduction of the State General Fund contribution to California's Medicaid Program - MediCal.

Ms. Belshe stated that her administration is currently doing some program planning in expectation of the block grants - Medi Grants. She stated that they are rethinking the entire program. This program redesign has had very little public input to date. The Governor is expected to give his State of the State address mid January to the State Legislature where his directives for the Medi Grant will be disclosed. Ms. Belshe states they will be seeking an equitable, rationale, continuum of care. The State is also seeking to maximize their purchasing power and to create financial incentives for providers.

There are of course a number of issues that remain unknown with regard to how the State will implement Federal Law Changes. It is possible that the State will propose a complete safety net managed at the State level in which case the role of their current 2-Plan Managed Care Model may be revised.

Although not explicitly stated by Ms. Belshe, it would appear that the State is giving only tacit consideration to passing new Medicaid flexibility on to local jurisdictions. This despite the fact that as noted below, the State is going to submit an 1115 Waiver to HCFA for Los Angeles County as a tempering measure on their fiscal and public health care crisis.

Finally, DHS remains interested in counties designing pilots to financially and programmatically redesign Long Term Care (LTC). This opportunity is outlined in (AB 1040). I will continue to update you on this important matter. When the Legislature reconvenes, I will be working with our State lobbyist, Margaret Kisliuk, to brief our members.

1115 Waiver
Yesterday, the State Department of Health Services held an informational session on the Los Angeles 1115 Waiver. The waiver is still a "working draft." Under the State's current timeframe, the waiver will be filed with the Health Care Financing Administration (HCFA) in late January 1996.

The overriding principle of the waiver is to stabilize Los Angeles' health care system and shift the focus from inpatient hospital services to the outpatient setting. While additional Federal funds have been committed for the first year of the project ($364 million), additional funding has not been identified for the subsequent four years. Some key components of the waiver are:

- Medi-Cal Managed Care: The demonstration project is designed to complement the objectives of the 2-Plan Model by restructuring the County health system towards outpatient and preventive care.

- Indigent Care Funding: Federal agreement to provide matching funds for indigent care at County community based clinics. Los Angeles County is also pursuing approval for Federal matching funds for indigent care provided at hospital outpatient settings. HCFA has not yet committed funds to this later component.

- Disproportionate Share Payments: The waiver proposes alternatives to the current distribution of DSH funds which is tied to inpatient utilization. A restructured formula for DSH payments would factor in outpatient activity.

- Eligibility: The demonstration project would not expand Medi-Cal eligibility beyond those currently eligible.

- Projected Cost Savings: The waiver projects federal Medicaid savings of $2.1 billion over the life of the five year project.

Over the next two weeks, the State will hold a series of public hearings on the proposed waiver to solicit consumer, community and provider comments.

On December 18, 1995 the State will give official notice asking Counties for Letters of Interest to participate in this waiver. Counties must respond to the notice within 72 hours (or by December 22, 1995). The State has not provided clear guidelines on the Letters of Interest or how they will be evaluated. According to State representatives, the 1115 Waiver submitted to HCFA will have an appendix which lists all of the Counties which submitted Letters of Intent, but it will not include a copies of the letters. As a result, it is unclear how HCFA will determine whether to consider additional Countie for an 1115 Waiver.

It is important for the Department to submit a Letter of Interest to develop an 1115 Waiver in collaboration with other community providers at a minimum to participate in the redesign of DHS dollars to have a greater emphasis on outpatient care services. Framed appropriately, the waiver provides the City and County with an unprecedented opportunity to proactively structure a health care delivery system which meets the clinical needs of the insured, Medi-Cal and the uninsured populations.

Commissioner Chow requested a copy of the Department's Letter of Intent to develop an 1115 Waiver.

CIAC Meeting
On Monday, December 4, the CIAC voted 4 to 3 to recommend to the Board of Supervisors that the $157.5 million Moscone Expansion Initiative be placed on the March 19, 1996 ballot. Proponents spoke on behalf of the economic development opportunities and the need to support City tourism. The dissenting votes were cast by Larry Funk of DPH, along with representatives from Park & Rec, PUC.

The opposing voters expressed several concerns about advancing the measure at this time, among them: the measure will exceed our previously defined "prudent debt limit" and no new debt limit has been defined and agreed upon. The bond measures need a comprehensive assessment and prioritization. A bond projects plan and strategy needs to be developed. Because of the very short notice, it was not possible to look at a complete analysis within the context of other bond needs.

Because of the process issues and the need to develop a strategic plan which this vote-split identified, the CIAC unanimously passed a motion to establish a prudent debt limit and future bond program priorities by January 31, 1996. I will keep the Commission advised as this evolves.

101 Grove Street Seismic Retrofit Report

Larry Funk and I met with representatives of DPW on October 24 to review the status of the 101 Grove Seismic Retrofit Project.

As the Commission is aware, 101 Grove was to be retrofit as part of ESP II Bond Funds. However, the DPW administrative staff reported that there are still no absolute assurances that there are adequate funds available to perform the retrofit of 101 Grove Street, due to cost overruns and time delays associated with the other projects, (i.e.: Opera House). There is approximately $15 million available in Earthquake Safety Program (ESP) II Bond Funds; however, $20 million is estimated to be needed for the project.

In the best case scenario, the required $20 million could be identified as available in January 1996 and the project could proceed. The DPW staff did commit to making 101 Grove Street the next priority for funding.

Once funding is available, there is a 12 month lead time for the planning and relocation of all occupants of 101 Grove Street into new quarters. There is concern from DPW about the desirability and financial viability about continuing the operation of the Tom Waddell Clinic and the fourth floor Laboratory during the retrofit which is scheduled to take approximately two years. The analysis will also explore relocating the clinic to another nearby area or perhaps in modular units across Lech Walesa Street. I will present this financial data to you as soon as it becomes available.

DPW is applying Value Engineering to conduct a cost benefit analysis comparing construction costs with the clinic and lab in the building during construction vs. relocating these functions.

International Visitors

On October 23 and 24, two physicians from Ghana, West Africa, visited the Department of Public Health as part of their U.S. tour of health facilities specific to STD and HIV treatment and care. Drs. Williams and Yakubu visited both City Clinic and the Public Health Laboratories to learn more about services we offer in those two areas. These health officials plan on establishing an STD program in Northern California upon their return.

MANAGED CARE/HEALTH AUTHORITY

Community Health Network of San Francisco

I am pleased to report that Mission Neighborhood Health Center, South of Market Health Center (Jones-Ross) and the Haight Ashbury Free Clinics have selected to join our Community Health Network. In addition, Native American Health Center has been placed in the Community Health Network of San Francisco (CHN).

All four of the clinics are members of the San Francisco Community Clinic Consortium and provide health care services to San Francisco's uninsured and underserved communities. The clinics will be added to our network of providers for Medi-Cal Managed Care under the San Francisco Health Authority. I believe that the inclusion of these clinics in the CHN, furthers our goal to ensuring that our network is comprehensive, geographically disperse, and able to meet the cultural and linguistic needs of our managed care population. North East Medical Services has opted to contract with UCSF for their hospital services.

PHO Retreat

The Provider/Health Department Organization (PHO) held a retreat on November 16 to review our strategy for survival in the new competitive health care environment and to reconsider the role and composition of the PHO. The members and staff of the PHO discussed, among other things, the extent to which hospitals and provider groups in San Francisco are forming new alliances and developing partnerships to help secure competitive advantage. Hospitals, for example, are affiliating with larger networks (Catholic Healthcare West, Sutter/CHS) or exploring local partnerships, while provider groups, under the pressure of managed care, are either formalizing existing relationships with hospitals or entertaining options for new affiliations. The University of California, San Francisco's overtures to Stanford and to California Pacific Medical Center were of particular interest insofar as they could affect the competitive viability of San Francisco General Hospital and its teaching program through the Affiliation Agreement.

Participants in the retreat discussed a number of possible strategies, including the potential advantages of pursuing an 1115 Waiver as a way of financing and structuring a citywide delivery system for all poor people in San Francisco, regardless of their entitlement status. There was a consensus at the retreat that, even with the uncertainties surrounding the possibilities of acquiring an 1115 Waiver or the way in which the State of California would manage Medicaid block granting, our strength as a provider network lies in our capacity to function as an integrated delivery system (IDS) and that we should pursue the development of an IDS as a top priority. The composition of the PHO will be altered to reflect that commitment, with DPH representatives of long term care and mental health added to foster discussion and planning related to IDS development.

Update on South of Market IPA Discussions

A group of approximately 80 physicians who practice at St. Luke's have approached San Francisco General about the possibility of building a closer working relationships with St. Luke's. Their interest is in preserving the access to care for the Mission neighborhood. Their fear is that either or both hospitals are vulnerable to takeover by larger systems or to closure. They believe that collaboration rather than direct competition between St. Lukes and the General is the best approach to maintaining a viable South of Market system.

Three meetings have been held over the last six weeks to determine the level of interest. There has been a sense of optimism that a relationship can be mutually beneficial. At last Wednesday's meeting it was recommended that a consultant be engaged to explore the potential of a closer relationship. A Task Force comprised of the Hospital Directors, the Medical Group Chairman and PHO representatives was formed to develop specifics regarding the selection of a consultant and to define the scope of the engagement. A time frame of 60 to 90 days is anticipated for the consultant's findings.

OFFICE OF POLICY AND PLANNING

Acting Director of Office of Policy and Planning

Effective November 20, 1995 I have assigned Ms. Tangerine Brigham as Acting Director of the Office of Policy and Planning. This assignment will continue until the position is filled through regular Civil Service examination procedures. Please join me in welcoming Tangerine back to the Executive Staff.

AB 697 Needs Assessment

The Department is continuing to work collaboratively with San Francisco hospitals and the Hospital Council of Northern and Central California to meet the Community Needs Assessment requirement of

SB 697. The United Way, through its affiliate, the Northern California Community Services Council (NCCSC), is providing in-kind support to this project. Working with the hospitals, NCCSC recently presented a Community Needs Assessment draft report currently being reviewed in the Department, and by the participating hospitals. The comprehensive report includes demographic and health indicator data and documents community needs, resources, and perceptions of health-related issues. All San Francisco hospitals are pleased to be working with the United Way on this important endeavor. Hospitals hope to present the final Community Needs Assessment report within the next two months to their respective consumers and constituents to validate community needs. They will prepare and adopt Community Benefit Plans to address service gaps by April 1996.

AB 1040 Status Update

On October 13, 1995 the Governor signed AB 1040, authored by Assemblyman Tom Bates. AB 1040 requires the California Department of Health Services to administer a new program, including five pilot projects dedicated to creative long term care for elderly and disabled adults.

The goals of the pilot program include:

- Providing a continuum of social and health services that foster independence and self reliance, maintain individual dignity and allow consumers of long term care services to remain an integral part of their family and community life.

- Identifying performance outcomes that will be used to evaluate the appropriateness and quality of the services provided, including but not limited to the use of acute and out of home care, consumer satisfaction, the health status of consumers, and the degree of independent living maintained by those served.

- Allowing each pilot project to use existing funding sources in a manner that it determines will meet local need and is cost effective. Identifying ways to expand funding options for the pilot to include Medicare and other funding sources.

Subsequent to the development of an administrative action plan and a consolidated long term care services fund, the approved pilots may consolidate funds from the following programs: Medi-Cal long term institutional care, Medi-Cal Personal Care Services Program, the In-Home Supportive Services Program, Multipurpose Seniors Services Program, Linkages Program, Respite Program, Adult Day Health Care Program, Alzheimer's Day Care Resources Centers Program, Medi-Cal home health agency services, Medi-Cal hospice services, Medi-Cal acute care hospital services, and other Medi-Cal services including but not limited to primary, ancillary, and acute care.

Given the recent passage of this bill, pilot projects have not yet been identified and the Department has begun an analysis of the potential of such a pilot within San Francisco. I will continue to keep the Commission apprised of developments related to this legislation.

SAN FRANCISCO GENERAL HOSPITAL

SFO Medical Service/Airport Clinic

DPH/SFGH, in conjunction with the Airports Commission, recently signed off an MOU with San Mateo EMSA, to allow DPH paramedics stationed at the SFO Medical Service (the Airport Clinic) to act as non-transport first responders to 911 emergency medical calls at the Airport. If a patient needs transport, San Mateo EMSA protocols and providers will be utilized. The MOU mutually indemnifies the two

Counties. The MOU is calendared for review and approval today in San Mateo. Once San Mateo County signs off on the MOU, the paramedics who are currently assisting in the clinic, will be able to begin taking 911 calls. This will begin the implementation of another integral part of the SFGH/UCSF Airport program.

Quarterly Meeting

Haile Debas, the Dean of the UCSF School of Medicine, held a joint staff meeting for the Departmental Chairs, the SFGH Department Chiefs, Administration and School of Medicine Administration, on November 27 at SFGH. This was the first in what is to become a quarterly meeting to address joint issues. Issues addressed included the discussions between UCSF/CPMC and UCSF/Stanford, managed care/PHO activities, training program concerns and the provider productivity study underway by UCSF. The Dean also announced that UCSF will fund two new positions for the library at SFGH.

Critical Care Diversion

Critical Care Diversion for period of November 1 to November 30, Critical Care diverted for 59 hours and 25 minutes or 8.3%. Total (E.D.) divert equals 21 hours and 5 minutes or 2.9%.

LAGUNA HONDA HOSPITAL

Annual Licensing and Certification Survey

On November 27, a team of twelve State Department of Health Services Surveyors arrived unannounced at Laguna Honda Hospital to begin the annual licensing and certification survey. The surveyors will conduct a comprehensive review of the hospital's patient care services and compliance with regulations. The survey is scheduled to conclude on December 7. The results of the survey will be reported as soon as they are released by the California Department of Health Services Surveyors.

Professional Activities

- A poster presentation, "Detecting and Monitoring Adverse Drug Reactions in a Skilled Nursing Facility", was presented on November 16, at the annual meeting of the American Society of Consultant Pharmacists held in San Francisco. The authors of the poster presentation were Sharon Kotabe, Pharm. D. (Director of Pharmacy at LHH), Debra Leitner, Pharm. D., and Connie Lee, Pharm. D. (both Clinical Pharmacists at LHH). The presentation describes the interdisciplinary collaboration and systems used at Laguna Honda Hospital to detect, monitor and prevent adverse effects to drugs.

- A presentation was made November 17, 1995 at the Gerontological Society of America annual meeting in Los Angeles, titled, "Experience with Amantadine and Rimantadine for Influenza A Chemoprophylaxis in a Long-Term Care Facility". The presenter was Sharon Kotabe, Pharm. D. The co-authors of the paper were Mary Anne Johnson, M.D., and Debra Leitner, Pharm. D. The paper describes Laguna Honda Hospital's 1993 experience with two drugs used for prophylaxis of Influenza A.

Annual LHH Retreat

The LHH Executive Committee participated in the Annual Retreat which was held November 30 and December 1 at the Lakeview Club in Oakland. Questions addressed at this retreat included:

1. How can the Department of Public Health through Laguna Hospital and Rehabilitation Center develop a new financing mechanism that would integrate institutional long-term care (LTC) delivery systems with community based systems while enhancing quality?

2. How can Laguna Honda Hospital generate efficiencies, reduce costs and increase revenues and involve all levels of staff in that process?

Annual Christmas Show

LHH is pleased to announce the Annual Christmas Show, sponsored by LHH Volunteers, Inc. Board. The show will take place December 15 at 2:00 p.m. featuring Eddie Fisher as the headliner entertainer. Laguna Honda residents enjoy this entertainment and is available to the community via live local television coverage.

COMMUNITY PUBLIC HEALTH SERVICES

John Watters, Ph.D.

I want to note the passing of John Watters, Ph.D. on November 24, and to acknowledge his important work in researching and promoting HIV prevention activities among intravenous drug users. Dr. Watters, who at one time was a researcher and epidemiologist with our Community Substance Abuse Services, was an Assistant Professor at the University of California, San Francisco, and was affiliated with the Institute for Health Policy Studies in recent years. Dr. Watters' pioneering work with intravenous drug users, including the earliest efforts to promote bleach and condom use and, more recently, needle exchange, made a major contribution to restricting the spread of HIV among a population that initially received very little attention. His research reinforced prevention strategies, including needle exchange, that have been adopted internationally, and his life's work takes its place honorably with San Francisco's other contributions to the efforts to confront the HIV epidemic. We have lost another valiant warrior, but his legacy has made it possible for others to continue his important work. I take this opportunity to respectfully acknowledge him and his work with great respect.

The Village

On Saturday, December 2, there was a grand opening of the The Village, a multiagency site that will provide health and social services to residents of Visitation Valley. The Village was developed out of the Visitation Valley Task Force planning process and is intended, in part, to provide an alternative to services that had been offered at Geneva Towers, which is scheduled for demolition. The Village will be housed in a large facility near the Geneva Towers site and will be the foundation for continued development of a comprehensive community resource that will serve the entire Visitation Valley neighborhood. Among the services being offered at the Village will be a satellite clinic operated under the auspices of Health Center #3, which includes a Proposition J-funded children's clinic formerly housed at Geneva Towers, and a new teen clinic that has been in the planning stages for the past several months. Mental health services previously provided at Geneva Towers will be offered at the new site. There have also been discussions with San Francisco General Hospital about the possibilities of supplementing core services provided by the Health Center #3 satellite clinic with other primary care specialties. I want to acknowledge the efforts of the Health Center #3 staff, particularly Center Director Michael Pile, for their active involvement in the Visitation Valley Task Force and their prominent role in The Village as an excellent example of the application of the principles of Community Oriented Primary Care.

Public Awareness and Outreach

On Saturday, December 16, staff from the Childhood Lead Prevention Program, WIC, CHDP, Immunization Program and Perinatal Services will be staffing an information table at Toys R Us, located on 9th Street. Cheryl Smith, Assistant Health Educator, Bureau of Environmental Health Management, is coordinating this outreach and awareness campaign. The purpose of the event is to present a variety of DPH programs to parents with children under the age of three.

According to the Toys R Us manager, the December 16 date is expected to be the busiest shopping day of the holiday season. Toys R Us is making the space available free of charge.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Reports of Hantavirus in California

There have been recent news stories of hantavirus pulmonary syndrome in California. Of the 120 confirmed cases of hantavirus pulmonary syndrome in the United States, California has reported 13. The most recent California case occurred in September 1995 with exposure probably in Plumas County. Four of the thirteen cases and a possible fifth may have been exposed in Mono County. Other Counties of exposure include Inyo, Santa Barbara, and possibly Nevada or Contra Costa. Four cases were exposed out of state, and one exposure site is unknown. The first case resulted in the death of a San Francisco resident who had been exposed in New Mexico.

The primary animal reservoir of Sin Nombre virus, the agent which causes hantavirus pulmonary syndrome, is the deer mouse. About 12% of approximately 2000 tested deer mice have been found to have antibodies to this virus. Seropositive mice have been found in 18 counties: Alameda, Butte, Imperial, Inyo, Kern, Los Angeles, Marin, Mariposa, Mono, Monterey, Nevada, Orange, Plumas, San Diego, Santa Barbara, Siskiyou, Tehama and Tulare.

Risk-factors identified during case investigators included living or working in rodent-infested dwellings; two cases may have been infected while camping. Occupational exposures to hantavirus may have occurred when some patients performed job duties that brought them into contact with rodents or their secretions, especially while cleaning or remodeling buildings.

COMMUNITY MENTAL HEALTH SERVICES

Mental Health Mobile Crisis Team

The new Mental Health Mobile Crisis Team opened yesterday. It will be based with the Westside Crisis Clinic but will operate extended hours from 11:00 a.m. to 11:00 p.m., Monday through Friday, and from noon to 8:00 p.m. on weekends and holidays. The team will provide crisis intervention in the community to attempt to allow for diversion from inpatient hospitalizations. This puts in place an essential element of the System of Care. DMS has had some mobile crisis capacity in Geriatric Services and a 24-hour Crisis Team for children. Dr. Luz Mary Harris and the Program Director for the team have been meeting with members of other agencies, the community and the department to design the program and identify the target populations. Input has been received from the Police Department, DSS Department, community homeless services, PES, hospitals' community representatives and treatment providers. The program will develop an evaluation component to determine the impact and cost effectiveness on hospital and psychiatric emergency services.

BUREAU OF ENVIRONMENTAL HEALTH

Volunteers for the Holidays

BEHS staff volunteered to participate in the Salvation Army Harbor Light Holiday Meal Program and Holiday Bell Ringing Campaign.

The Holiday Meal Program includes carving 100 turkeys to feed 3000 people during Thanksgiving and delivery of hot meals to individuals who are unable to cook or go out for a meal.

The Holiday Bell Ringing Campaign is an annual fund-raiser for the Center. Volunteers are assigned locations in various commercial zones to ring bells and collect donations.

I thank BEHS staff for their time in this worthy annual event.

Commissioner Castaneda requested a resolution for consideration by the Commission at the next meeting. The resolution would indicate a priority for the 101 Grove Street Seismic Retrofit Project.

5) CONSIDERATION OF A RESOLUTION FOR AIDS AWARENESS MONTH

Dr. Mitch Katz, Director of Epidemiology, Disease Control, and AIDS, reported that there has been a total of 15,000 deaths in San Francisco due to AIDS. A moment of silence was shared to reflect on this devastating loss of lives among family, friends and colleagues.

Action Taken: The Commission (Jackson, Chow, Castaneda, Gadberry, Monfredini) adopted Resolution #36-95, "Endorsing the Designation of December as HIV/AIDS Awareness Month in San Francisco", (Attachment A).

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS

This item was continued to December 19, 1995.

7) CONSIDERATION OF A RESOLUTION APPROVING A COMMERCIAL MANAGED CARE AGREEMENT WITH PACIFICARE TO PROVIDE HOSPITAL SERVICES TO COMMERCIAL PLAN ENROLLEES WHO HAVE SELECTED A PRIMARY CARE PROVIDER FROM THE SAN FRANCISCO GENERAL HOSPITAL CLINICAL PRACTICE GROUP

Richard Cordova, SFGH Executive Administrator, presented the following:

The Community Health Network of San Francisco (CHN) has negotiated two PacifiCare capitated commercial agreements for inpatient and outpatient medical and hospital services. One agreement is with the Department of Public Health for hospital services, and the other agreement is with the UCSF Clinical Practice Group (CPG) for medical services.

PacifiCare currently offers three health plan or products. They are: Medi-Cal, Commercial, and Medicare (*Secure Horizons*). The CHN currently has a PacifiCare Medi-Cal contract which only covers Medi-Cal beneficiaries, up until the 2-Plan Model for Medi-Cal takes effect in San Francisco County. The PacifiCare Commercial Health Plan is offered to employer groups or "commercial businesses" as a benefit to employees. The Medicare product is a federally-administered health plan offered only to Medicare eligible beneficiaries.

The primary reason for entering into a commercial agreement with PacifiCare is to ultimately participate in their Medicare product. The Federal Government is encouraging all Medicare beneficiaries to enroll in managed care plan, and requires that all providers have experience administering a commercial agreement before they enter into a Medicare agreement. Secondly, the Department must enter into the commercial market in order to maintain a viable patient base. Lastly, University of California employees will have the same opportunity as City employees currently have through the City Health Plan to select a primary care provider from the UCSF Clinical Practice Group at either the Gateway Clinic at SFGH or the San Francisco Airport Clinic. The proposed contract rates are comparable to those paid to private hospitals and physician groups in San Francisco. These provisions of maintaining Medicare and employee health services is in keeping with the Department's Mission and Strategic Direction.

Commissioner Chow requested this contract be reviewed on a quarterly basis at the Joint Conference Committee at San Francisco General Hospital

Action Taken: The Commission (Chow, Castaneda, Gadberry, Monfredini) adopted Resolution #37-95, "Approving a Commercial Managed Care Agreement Between the Department of Public Health and PacifiCare Health Plan", (Attachment B).

Commissioner Jackson was not present for this action.

8) PRESENTATION OF THE SPECIAL EDUCATION OF THE SEVERELY EMOTIONALLY DISABLED (SED) MENTAL HEALTH REPORT

The presentation included the following, which described community mental health services in the schools, (Attachment C):

1. Overview of School Based and School Linked Mental Health Services

   Presented by:
   Nancy Presson, Director of Children's Mental Health Services, DMS
   Associate Director, Managed Care, DMS

2. Mental Health Services for Special Education Students and Families

   a) State Mandated Services Under AB 3632
   b) SED/Mental Health Partnership Program
   c) An SED Partnership Case Success
   d) Job Readiness/Vocational Program
   e) The CENTER - A Parent/Child Resource Center

   Presented by:
   Sai-Ling Chan-Sew, Asst. Dir., Children's Mental Health
   Joyce Chisholm, Dir. Special Education, SFUSD
   German Walteros, MFCC, Institute Familiar de la Raza
   Kadija Johnson, MW, Infant parent Program

3. School Based Mental Health Services

   a) Healthy Start Programs
   b) Primary Intervention Programs
   c) School Based Programs funded by MOCYF

Presented by:
Phillip Tse, Health Educator/Administrator, DMS
Sheila Rhatigan, Grant Coordinator, MOCYF
Hal Solin, Dir. Elementary School Ed., SFUSD
Marie Kelly, Dir. Edgeweed Shool Programs
Al DeRanieri, Medical Director, Children Mental Health Services

For a copy of the full report, contact the Commission Office (554-2666).

9) UPDATE ON BAYVIEW HUNTERS POINT NAVAL SHIPYARD SUPERFUND SITES

Amy Brownell, Site Mitigation Engineer, summarized the current status of toxics and other related issues for the Hunters Point Shipyard Base closure, (Attachment D).

The Department of Public Health, in conjunction with the Mayor's Office, the City Attorney, the Department of City Planning, the Redevelopment Agency, and the Board of Supervisors, reviews the clean-up process to ensure that the public health and the environment are protected, and the City's financial liability is minimized when the property is transferred to the City. The Board of Supervisor's Select Committee on Base Closures holds regular public hearings on the Hunters Point Shipyard.

Furthermore, the Health Department serves on the California Environmental Protection Agency's Base Closure Advisory Committee and on the Department of Defense/Environmental Protection Agency's Federal Facility Environmental Restoration Dialogue Committee to ensure that the City of San Francisco's interests are represented at both the State and Federal level.

The community is involved in each step of the process through the Navy's Restoration Advisory Board (RAB), established pursuant to Federal regulation. The RAB is composed of regulatory agencies, including the Department of Public Health, DOD representatives, and numerous community and environmental groups. The purpose of the RAB is to provide a forum for community involvement in the toxics clean-up process.

Although much has been accomplished, much remains to be done. Given the Federal budget constraints, it is probable that the clean-up process will be delayed from the original clean-up schedule. San Francisco is competing with over 100 Federal bases for clean-up funds. It is unlikely that the majority of the Shipyard will be completely cleaned up before the year 2002. One exception, Parcel A, has been cleaned up and should be transferred to the City in 1996.

Public Speaker: Willie McDowell, Mayor's Hunters Point Shipyard Citizens Advisory Committee.

10) PRESENTATION OF HAZARDOUS MATERIALS MAPPING

Dr. Larry Meredith, Deputy Director of CSAS, Forensics and BEHM, provided an overview of toxic sites/factors as distributed by neighborhoods and zip codes in San Francisco. The data presented does not represent an exhaustive inventory of all toxic sites/factors in the City. For a copy of the report, contact the Commission Office (554-2666).

Sue Cone, Hazardous Materials staff, was acknowledged for her work in writing this report, which characterizes what risks are present in the community.

Dr. Hernández pointed out the role of the Department is to identify from the available data what risks are in the community and to prioritize the Department's direction on how to correct the situation. The Department needs to identify the real risks to health, identify which of these risks are causing health problems and come up with a mitigation plan to protect the health and safety of the residents. The next step is to correlate the data to health outcomes (i.e. - respiratory problem rates).

Public Speaker: Francine Carter, Bayview Hunters Point Task Force and Southeast Alliance for Environmental Justice.

11) OTHER BUSINESS/PUBLIC COMMENTS*

None.

The meeting was adjourned at 5:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 36-95

ENDORSING THE DESIGNATION OF DECEMBER AS "HIV/AIDS AWARENESS MONTH IN SAN FRANCISCO"

WHEREAS, San Francisco has the highest per capita rate of HIV infection of any major metropolitan area in the United States; and,

WHEREAS, approximately one in 25 San Franciscans is living day-to-day with HIV infection; and,

WHEREAS, San Francisco and surrounding communities have sustained a terrible loss of lives among family, friends, co-workers, lovers, colleagues and acquaintances; and,

WHEREAS, the Health Commission supports efforts by the HIV Prevention Planning Council and the Department of Public Health AIDS Office to continue to increase public awareness about HIV and AIDS; and,

WHEREAS, the Department of Public Health acknowledges the compelling need to provide additional access to education, prevention and care targeted to identified, underserved risk groups, and is committed to engaging clients as partners in planning care; and,

WHEREAS, the Department of Public Health has supported the developing HIV service system and the Mayor's HIV Health Services (Ryan White/CARE) Planning Council to accommodate the diverse needs of affected people; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby urge the Board of Supervisors and the Mayor to designate December as "HIV/AIDS Awareness Month" in San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission supports Community and Departmental partnerships to provide care to all who need it.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 5, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 37-95

APPROVING A COMMERCIAL MANAGED CARE AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH AND PACIFICARE HEALTH PLAN

WHEREAS, the Federal Government is encouraging all Medicare beneficiaries to join managed care plans and, furthermore, requires that all contracting entities have experience administering a commercial managed care agreement prior to entering into a Medicare managed care agreement; and,

WHEREAS, the provision of maintaining Medicare and employee health services is in keeping with the Department's Mission and Strategic Direction; and,

WHEREAS, the Department currently has a PacifiCare Medi-Cal contract and is expanding its relationship with PacifiCare by entering into a commercial agreement to continue to gain more experience in managed care and participate in PacifiCare's Medicare managed care plan, *Secure Horizons*; and,

WHEREAS, two commercial capitated agreements have been negotiated with PacifiCare: one with the Department of Health for hospital services, and the other with the UCSF Clinical Practice Group for medical services; and,

WHEREAS, the Commission has previously approved a resolution enabling City employees to choose providers at either SFGH or the Community Public Health Centers through the City Health Plan, and this agreement extends that opportunity to University of California employees at the SFGH Campus; and,

WHEREAS, these agreements set forth the rights, obligations, and risks for PacifiCare, the Department of Health, and the University of California; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the commercial managed care agreement with PacifiCare Health Plan and also urges the Board of Supervisors and the Mayor to approve this agreement.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 5, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

COMMUNITY MENTAL HEALTH SERVICES IN THE SCHOOLS

- In 1994-95 Community Mental Health provided services to 1,022 children in Special Education referred through AB 3632. These children received 50,064 clinical hours of service at a cost of $3.8 million dollars.

- In 1994-95 San Francisco Unified School District Special Education Department made 499 new referrals for assessment for AB 3632 services from 90 public schools and 13 non-public schools.

- In 1994-95 Community Mental Health case managed 22 children in residential placement under AB 3632; two years previously placements were at 50 children. Placement costs range from $65,000 to $140,000 per year including room and board, school and mental health costs. Numbers are reduced due to increased use of alternatives in the community including therapeutic foster care, wrap around services and enriched case management.

- In 1994-95 Community Mental Health SED Partnership provided clinicians in 35 classroom partnerships (located in 25 schools) serving 300 students who are in special day classes at a cost of $630,000. There are three Civil Service programs and ten contract mental health providers participating in this program.

- Outcomes of the SED Partnerships are:
    - Reduction in suspensions
    - Reduction in referrals to the Principal's Office
    - Increase in percentage of mainstreaming time
    - Increase in positive reports by the teacher on classroom behavior
    - Reduction of referrals to non-public schools

- In 1995-96 the Job Readiness Collaborative, a new program for Special Education students in mental health day treatment and public high schools funded through the Mayor's Office of Children, Youth and Families, will serve 65 students.

- In 1995, a new parents' resource Center co-located with the Special Education Intake Unit has served 395 families offering support groups, case management, clinical consultation to child serving providers and information and referral.

- In 1994-95 the Primary Intervention Program, an early intervention service to children in grades K-3 provided assessment and Special Friends to children identified as at-risk by teachers in 17 elementary schools.

- In 1994-95 the early intervention efforts by Community Mental Health served 680 children in 6 schools provided by five contract providers.

Attachment C
Page 1 of 1

SUMMARY OF HUNTERS POINT SHIPYARD STATUS

BACKGROUND

The Navy operated the shipyard from 1941 to 1975. From 1976 until 1986, Triple A Machine Shop leased most of the facility from the Navy. Triple A operated a commercial ship repair facility and subleased portions of the site to private warehousing, industrial and commercial firms. Between 1986 and 1988, the Navy began testing of the soil and ground water at the Shipyard as a prerequisite to development of the site for possible homeporting of the battleship USS *Missouri*.

These early investigations revealed extensive evidence of illegal dumping, accidental spillage and poor housekeeping practices by Triple A and the Navy. On the basis of these initial investigations, Hunters Point was placed on the National Priorities List (NPL) in 1989. This designation and a subsequent agreement signed with the agencies, requires the Navy to investigate and clean-up the site under the regulatory oversight of the United States Environmental Protection Agency and the California Environmental Protection Agency, Department of Toxic Substances Control and the Regional Water Quality Control Board. In 1990, Base Closure Legislation designated Hunters Point as a base that would have to be remediated and made available for non-defense use. The Navy and the City and County of San Francisco have been in negotiations for the past several years for the eventual transfer of the property to the City.

HEALTH DEPARTMENT ROLES AND RESPONSIBILITIES

The Health Department's role for all Base Closures is to protect human health and the environment. In addition, the final use of the Shipyard will be tied to the level of cleanup achieved. As the future property owner at Hunters Point, the City and County of San Francisco must be certain that the Navy cleans up the contaminants on the site so that current and future tenants and residents of the Shipyard will not be adversely affected. The Health Department, with its special expertise on toxics issues, provides oversight on the cleanup and advises the Mayor, Board of Supervisors, the San Francisco Redevelopment Agency, other City Departments and the concerned community groups on these toxics issues. The Health Department is concerned about the health impact associated with high unemployment rates such as those found in the Bayview Hunters Point area. The Department and the community see the cleanup and redevelopment process of the Shipyard as an opportunity for jobs, job training, leasing, contracting and a better quality of life for the Hunters Point/Bayview Community. The Health Department keeps the community groups informed of any economic opportunities related to the cleanup work.

To perform its oversight role of the cleanup the Health Department staff attends numerous meetings to provide input and bring issues back to other City Departments. The Health Department has a representative on 1) the Statewide California Environmental Protection Agency's Base Closure Environmental Advisory Group, 2) the Hunters Point Restoration Advisory Board and 3) the Federal Facilities Environmental Restoration Dialogue Committee. Other meetings that the Health Department staff attends include: the Mayor's Hunters Point Shipyard Citizens Advisory Committee, the Subcommittee on Toxics for the Hunter Point Citizens Advisory Committee and the Board of Supervisors Select Subcommittee on Base Closures.

An additional role that the Health Department may play in the future is to perform hazardous waste generator inspections of the tenants at the Shipyard. This will occur with the cooperation of the Navy and probably will not be put into place until the Redevelopment Agency takes over the management of the tenants at the Shipyard projected for sometime in 1996.

FUNDING FOR THE HEALTH DEPARTMENT

Currently the Health Department provides one staff member and one secretary that each work half-time on the Base Closure issues. The staff member's time is funded through a letter agreement with the San Francisco Redevelopment Agency (SFRA). The secretary's time is paid by the Health Department. In addition, the SFRA is hiring an additional half-time staff member to assist the Health Department in its Base Closure work. This new hire will be paid directly by the SFRA.

HAZARDOUS WASTE CLEANUP SCHEDULE

For purposes of remediation and to facilitate transfer, the shipyard has been divided into five parcels, A through E. The cleanup of Parcel A is complete. The schedule for completion of all decisions for how the cleanup will be performed (known as the Record of Decision) for Parcels B through E is as follows: Parcel B - February 1997, Parcel D - July 1997, Parcel C - December 1997, and Parcel E - May 1998. These dates include a time period for the public to comment and provide input on the proposed cleanup.

PROPOSED TRANSFER DATES

The hilltop portion of Parcel A (Parcels A1 and A2) is scheduled to be transferred to the City in mid 1996.

Once the Record of Decisions are completed for Parcels B through E, the cleanup of the soil and ground water including the installation of treatment systems will begin. The Navy predicts that installation of the treatment systems will be completed in the years 1999 through 2001. Once the cleanup systems are installed, the property can be transferred to the City, therefore the Parcels should be transferred to the City from 2000 to 2002. After transfer of the property, ground water treatment systems could continue to run for up to 30 years.

Throughout this investigation and cleanup process there will be opportunities for pieces of the property to be cleaned up and transferred on a faster schedule. The Health Department will play an active role in coordinating with the Planning Department to promote a fast track cleanup where feasible.

LONG TERM REUSE PLANS

The Planning Department and the Redevelopment Agency have developed a long term reuse plan for the Shipyard, which is currently being analyzed for long term environmental impacts in the Environmental Impact Report Process. The Health Department has played a role in making certain that the reuse plan takes into account the reality of the toxic contamination at the Shipyard without letting the contaminated areas limit the possibilities for the reuse. The Health Department's role has included 1) convening and participating in meetings between the Navy and the Planning Department and 2) commenting on draft versions of the reuse plan maps and reports.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Sharon Gadberry, Ph.D.
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Lee Ann Monfredini
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Michael D. Shriver
Commissioner

HEALTH COMMISSION
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Frank M. Jordan, Mayor

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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
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AGENDA

SPECIAL HEALTH COMMISSION MEETING POLICY PLANNING SESSION

Tuesday, December 12, 1995
12:00 noon - 6:00 P.M.
at
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

1) CALL TO ORDER

2) OVERVIEW AND DISCUSSION OF HEALTH COMMISSION ROLES/RESPONSIBILITIES

   - Present Charter
   - New Charter Effective July 1, 1996
   - Rules of Order
   - Commission Interface with Department of Public Health

3) OVERVIEW OF DEPARTMENT OF PUBLIC HEALTH'S REGULATORY AND CHARTER AUTHORITY FOR HAZARDOUS MATERIALS SITING

4) OVERVIEW OF AIR QUALITY

5) STRATEGIC DIRECTION OF DEPARTMENT OF PUBLIC HEALTH: CHALLENGES AND OPPORTUNITIES

6) WHAT ARE THE DEPARTMENT'S NEXT STEPS FOR DEPARTMENTWIDE STRATEGIC PLANNING?

7) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building.

Accessible MUNI metro service is available to Forrest Hill Station (K, L, and M lines), transferring to the #89 MUNI shuttle bus from the Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp.

Additionally, MUNI bus lines #34, 36, 44, and 52 serve Forrest Hill Station and are wheelchair accessible, with a transfer to the #89 MUNI shuttle bus from Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 923-6142.

Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

The following services are available by calling 759-2367, at least 72 hours prior to the meeting: assistive listening devices, American sign language interpreters and readers, and large print copy of agenda. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 759-2367 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HEALTH COMMISSION
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Sandy Ouye Mori
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PUBLIC NOTICE

SPECIAL JOINT HEARING FOR THE ANNUAL CHILDREN'S PLAN OF THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

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- **Health Commission**
- **Social Services Commission**
- **Recreation and Park Commission**
- **Library Commission**
- **Juvenile Probation Commission**

Date:	**Thursday, December 14, 1995**
Time:	**4:30 p.m.**
Place:	**401 Van Ness, Room 404 (War Memorial Bldg.) Board of Supervisors Chamber, San Francisco, CA 94102**

Tentative Agenda

- **Opening Presentation by Anthony Lincoln, Director of MOCYF**
- **Question and answer period from the Commissioners and public testimony regarding the 1996-97 Children's Services Plan.**
- **Discussion regarding Beacon Centers.**
- **Commission presentations on their services funded through the Children's Amendment.**

A final agenda with order of discussion will be prepared and distributed at the hearing.

101 Grove Street
San Francisco, CA 94102

Disability Access

Both the Committee Room (Room 410) and the Chamber (Room 404) are wheelchair accessible. The closest accessible BART Station is Civic Center, four blocks from the Veterans Building. Accessible MUNI lines serving this location are: #5 Fulton, #21 Hayes, #42 Downtown Loop, #47 Van Ness, and #49 City College lines, and the METRO Stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services call 923-6142.

There is accessible parking in the vicinity of the Veterans Building adjacent to Davies Hall and the War Memorial complex.

Assistive listening devices are available for use in the Meeting Room and the Board Chamber. A device can be borrowed prior to or during a meeting. Borrower identification is required and must be held by Room 308 staff.

The following services are available on request, 48 hours prior to the meeting or hearing: for American sign language interpreters or the use of a reader during a meeting, contact Violeta Mosuela at (415) 554-7704; and for a large print copy of an agenda, contact Moe Vazquez at (415) 554-4909.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products.

Government' duty is to serve the public, reaching its decisions in full view of the public. Commissions, Boards, Councils and other agencies of the City and County exist to conduct the people's business. The Sunshine Ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code), or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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HEALTH COMMISSION
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AGENDA

HEALTH COMMISSION MEETING

December 19, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 5, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) Presentation of the FY 1995-96 First Quarter (July-September 1995) Revenues and Expenditures Report.

(3.2) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through February 29, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.3) CHS-AIDS - Contract renewal with Haight Ashbury Free Clinics, Inc. for the provision of HIV/AIDS prevention outreach services to high-risk populations in twelve neighborhoods in San Francisco, in the amount of $750,000 per year, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with Haight Ashbury Free Clinics for services totaling $8,523,587 during FY 1994-95).

(3.4) CHS-AIDS - Contract renewal with Instituto Familiar de la Raza for the provision of HIV/AIDS prevention and education services, in the amount of $163,379 per year, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Instituto Familiar de la Raza for services totaling $1,608,322 during FY 1994-95).

(3.5) CHS-SUPPORT SERVICES - Sole source approval and multiyear contract renewal with Central City Hospitality House for case management services for homeless persons, in the amount of $510,418 per year, for the period of July 1, 1995 through June 30, 1999. (DPH contacted with Central City Hospitality House for services totaling $613,418 during FY 1994-95).

(3.6) DMS - CSAS - Contract renewal with Jelani House to provide residential substance abuse treatment services to women and their children, in the amount of $575,632 per year, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Jelani House for services totaling $116,000 during FY 1994-95).

(3.7) DMS-CMHS - Contract renewal with Instituto Familiar de la Raza, Inc. to provide outpatient mental health services to the Latino community, severely emotionally disturbed (SED) children and their families and to serve as a fiscal intermediary for the Family Mosaic Project, in the amount of $1,609,854 per year, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Instituto Familiar de la Raza for services totaling $1,608,322 during FY 1994-95).

(3.8) LHH - Request for approval of a resolution authorizing a lease agreement with Bay Area Cellular Telephone Company to install telecommunications equipment at Laguna Honda Hospital.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) CONSIDERATION OF A RESOLUTION PRIORITIZING THE 101 GROVE STREET SEISMIC RETROFIT PROJECT

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL AFFIRMATIVE ACTION REPORT

8) PRESENTATION OF A 6-MONTH UPDATE ON THE HIV COMPREHENSIVE 5-YEAR PLAN

9) **UPDATE ON CRYPTOSPORIDIUM AND CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH RECOMMENDATIONS**

10) **CONSIDERATION OF A RESOLUTION REQUESTING THE MAYOR AND THE BOARD OF SUPERVISORS TO TAKE INTO CONSIDERATION THE DECLINING ABILITY OF THE DEPARTMENT OF PUBLIC HEALTH TO OFFSET GENERAL FUND REDUCTIONS WITH REVENUES**

11) **CONSIDERATION OF A RESOLUTION DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO PURSUE A LONG-TERM CARE PILOT PROJECT**

12) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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HEALTH COMMISSION
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 19, 1995
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present:
- Commissioner Debra A. Barnes
- Commissioner Edward A. Chow. M.D.
- Commissioner Sharon Gadberry, Ph.D.
- Commissioner Arthur M. Jackson
- Commissioner Lee Ann Monfredini
- Commissioner Michael D. Shriver

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

?5

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 19, 1995

Action Taken: The Commission unanimously adopted the minutes of December 5, 1995 with Commissioner Chow's correction in the Director's Report on International Visitors.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Michael D. Shriver)

(3.1) Presentation of the FY 1995-96 First Quarter (July-September 1995) Revenues and Expenditures Report.

This item was referred to the full Commission.

(3.2) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through February 29, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

> Bill McConnell provided an update on St. Mary's actions in response to a recent monitoring report. Some of the actions include: detailed guidelines for staff training, new medication guidelines, revised suicide prevention policies, established regular review of routine medications. The next monthly update will be scheduled for January 23, 1996.

(3.3) CHS-AIDS - Contract renewal with Haight Ashbury Free Clinics, Inc. for the provision of HIV/AIDS prevention outreach services to high-risk populations in twelve neighborhoods in San Francisco, in the amount of $750,000 per year, for the period of January 1, 1995 through December 31, 1995. (DPH contracted with Haight Ashbury Free Clinics for services totaling $8,523,587 during FY 1994-95).

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(3.8) LHH - Request for approval of a resolution authorizing a lease agreement with Bay Area Cellular Telephone Company to install telecommunications equipment at Laguna Honda Hospital.

> This item was postponed to a future meeting.
>
> Action Taken: The Commission unanimously approved items #3.2., 3.3, 3.4, 3.5, 3.6, and 3.7 of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

Federal Budget

The Federal government is still in a "partial shutdown." Confrontation between the Administration and the GOP Congress remain focused on the depth of cuts proposed in the Medicaid, Medicare, Education and Environment programs. The Administration has suggested that the entire $245 billion tax cut proposed in the current GOP budget will be eliminated this afternoon in the fifth budget proposal. If this action is taken, a Federal budget could be adopted without severe cuts in Medicaid and Medicare.

Managed Care Hearing

On December 7, 1995 the Assembly Health Committee held an all day informational hearing on managed care in the commercial and Medi-Cal sectors. The hearing was used to provide Assembly members with an update on the status of managed care delivery systems. Over the next few months, the Assembly Health Committee will consider significant State legislation arising from Federal actions to block grant Medicaid and Medicare. This hearing was designed to provide Assembly members with relevant information on managed care to use in their deliberations.

Medi-Cal Managed Care

The Health Care Financing Administration is still reviewing the State's 1915(b) Waiver to implement Medi-Cal Managed Care. The State had hoped to have HCFA's decision on implementing the program by December 1, 1995. The deadline for issuing a decision is January 23, 1996. At this time, HCFA is reviewing a number of outstanding issues related to the waiver, including, protection of the safety net, adequacy of the proposed capitation rates and the phase-in process.

It should be noted that under the Federal "Medigrant" block granting proposal, States would not have to seek freedom of choice waivers to implement managed care systems for Medicaid recipients. If the Medigrant proposal is adopted by the Administration and the Congress, it is unclear what impact that will have on California's current 1915(b) Waiver request.

1115 Waiver

As of this date, the City and County has not received official notification from the State Department of Health Services to submit a Letter of Interest for the 1115 Waiver for Los Angeles County. As I noted in my last Director's Report, the State's timeframe for notifying counties was December 18, 1995. We hope to receive that notification within the next few days to meet the State's 72-hour deadline for Letters of Interest.

ADMINISTRATION

Transition Team

It is my distinct pleasure to accept an invitation by Mayor-elect Brown to serve on the Mayor's Transition Team, along with Jack Davis and Rudy Nothenberg. For the next three weeks, I will be working closely with the new and existing administration to effect a smooth and efficient transition of authority prior to the Mayor's swearing-in ceremony on January 8 at Moscone Center. On a personal note, I look forward to meeting this challenge and am grateful to have the opportunity to provide input and direction to Mayor-elect Brown and his new staff.

Award

Peter Vaernet, Immunization Coordination, and Mélange Matthews, Senior Legislative Planner, won a national competition sponsored by the American Public Health Association. The award was given by the Health Education and Promotion section for the ethnically-diverse and multilingual immunization/education poster which they developed. The poster was created in association with our work as a California Healthy City.

Appointment of Budget Manager

I am pleased to announce the appointment of Ms. Sarah Ecker as the new Budget Manager for the Department. Ms. Ecker brings extensive experience in budget development and analysis from her work with the Mayor's office as a Budget/Policy Analyst. We will be looking to her to help us as we develop and submit our annual budget to the Mayor and the Board of Supervisors. Please join me in welcoming her to the staff.

South of Market

I have asked Rich Cordova and members of the PHO to participate in a six-member task force to work with a consultant who will analyze the programs and services of SFGH and St. Luke's in the South of Market area. The consultant will look at developing an integrated delivery system for the area to provide efficient health care and, at the same time, protect the safety net. Physician staffing, clinical programs and facility issues will be taken into account during the 60-90 day review.

The task force is comprised of representatives from SFGH, the CPG, St. Luke's, St. Lukes Integrated Medical Group, the South of Market IPA and the Community Health Network of San Francisco.

9-1-1 Consolidation Project Representation

As you know, the voters passed a bond initiative in June, 1994 to build and equip a new 9-1-1-Consolidated Dispatch Center. This is an important, complex, multiyear, sixty million dollar project, which will improve public safety communications and enhance the City's ability to respond and coordinate emergency services in the event of a disaster.

I am happy to announce that effective January 8, 1996, I have assigned Pippa Amick, currently Chief of the Paramedic Division, to assist the CAO and OES with this project and to act as the Health Department's representative for all management and technical issues. She will report directly to Anne Kronenberg in my office. Please join me in welcoming her to this new role.

STORM-RELATED REPORT

Environmental Health Management Response to Storm 12/12/95

On Tuesday evening, December 12, the Department's Bureau of Environmental Health Management closed Baker, China and Ocean Beaches to the public due to the storm that wrecked havoc throughout the Bay Area. Earlier in the day, a combination of storm run-off and untreated sewage overflows necessitated the posting of signs along the affected areas. The Department worked closely throughout the storm with the Department of Public Works in coordinating activities, informing the public and issuing a press advisories. As of today, the beaches remain closed. DPH and DPW continue to sample and monitor the waters and will reopen the beaches as soon as the they meet standards.

Because of power outages, District Health Inspectors surveyed the City's food facilities in affected areas and advised operators of appropriate guidelines for dealing with perishable and potentially hazardous foods.

To date, no reports have been received regarding storm-related discharge or release of any hazardous waste or materials.

SFGH

The storm caused moderate damage and disruption to the San Francisco General Campus. In addition to minor flooding, a 60 ft. pine tree was uprooted and temporarily blocked the main drive. There was no damage to persons or property. An additional tree on the CalTrans freeway frontage fell, temporarily knocking out lighting on the Vermont Street parking areas behind SFGH. Roofing tiles on the old brick buildings were displaced.. The entry way to Building 20 was temporarily closed while loose roofing tiles were removed from the 5-story building. Staff is still in the process of assessing the extent and cost of the damage

Central Medical Emergency Dispatch (C-MED) did lose power, however it was constructed with uninterrupted power supply (UPS) and with a back-up diesel generator. As a result, C-MED was continuously supplied with electrical power and suffered no interruptions in 911 ambulance dispatch service. Staff from the SFGH Plant Services Division supported the Paramedic Division by checking and refueling the diesel generator and emergency circuits to keep C-MED stable until PG&E power was restored.

LHH

The storm resulted in a PG&E power outage of approximately 36 hours for the Laguna Honda Hospital campus. The emergency generator supported the Hospital essential needs during the electrical service interruption. Full PG&E was restored on December 13.

Approximately 30 large mature trees were uprooted and blown over by the storm. Trees blocked major roadways on the Campuses and were leaning against the Clarendon Hall building requiring closure of the Adult Day Health Care programs and Senior Nutritional Program on December 12. The Recreation and Park Department removed fallen trees to clear roadway and allow re-opening of the Adult Day Health Care Center and the Senior Nutrition Program on December 13. Several weeks of tree and debris removal will be required.

There were several roof leaks, minor water damage and several windows broken by the wind storm. All costs associated with the storm damage repair and cleanup will be documented. There were no significant adverse impacts on patient care during and in the aftermath of the storm.

101 Grove

101 Grove also suffered damages during the storm. Windows were broken, window blinds were destroyed, the ventilation system was affected and the roof was damaged. SFGH Plant Services and contract vendors worked extensively to secure a safe and working environment for the Central Office.

I have asked Willie Crawford to work with the Divisions and tally the damages Department-wide. This information will be available to the Commission in January.

SAN FRANCISCO GENERAL HOSPITAL

CALS - 1995

SFGH successfully completed the recent Consolidation Accreditation and Licensing Survey (CALS). This survey included surveyors from the Department of Health Services, California Medical Association and the Joint Commission on Accreditation of Health Care Organizations.

The survey lasted for four days and included specialist surveyors in Ambulatory Care and Clinical Laboratory. Commissioners Arthur Jackson, Ed Chow and I participated in the leadership portion of the survey process. Although some deficiencies were noted during the exit interview, we believe that SFGH will receive full accreditation status when the final report is received in 45 to 60 days. Congratulations to all SFGH staff for a job well done. We are working to correct all deficiencies, and many have already been addressed.

Parking

Progress continues on the development of an MOU with the Department of Parking and Traffic for the operation of the SFGH Parking System in anticipation of a May 1996 opening of the parking garage. The Parking Commission will review the following at today's meeting:

- An MOU between San Francisco General Hospital, the Parking Authority and the Department of Parking and Traffic.
- Legislation establishing jurisdiction by the Parking Authority for the parking system on SFGH.
- Legislation allowing permit parking areas to be established on certain public streets interior to the SFGH campus (e.g., Vermont Street and part of 22nd Street).
- The term of the management agreement with the operator.

Diversion

For the period of December 1 to December 16, Critical Care diverted for 29 hours and 22 minutes or 7.7%. Emergency (total) Diversion was 4 hours and 30 minutes or 1.2%.

LAGUNA HONDA HOSPITAL

Annual Licensing and Certification

The annual Department of Health Services licensing and certification survey which began on November 27 proceeded smoothly and concluded with an exit conference on December 7, 1995.

Although minor deficiencies were noted, the survey team leader announced at the exit conference that none were related to the quality of patient care. These deficiencies had been discussed with appropriate staff members and are already being addressed. Waivers or requests for program flexibility are indicated in three areas: room size for single and double bed rooms, nurse call systems for specific units, and some program elements of hospice care. These waiver requests will be submitted once the written report is received.

State Fire Marshall Survey

The State Fire Marshall conducted her Annual Survey of Laguna Honda Hospital on December 6 and 7. Hospital staff will have 10 working days to respond to any deficiencies noted on the report and 70 days to implement any corrective measures deemed necessary. I will advise the Commission of any significant contents of the survey at a future meeting.

Hazard Mitigation Grant Award

Laguna Honda Hospital has been advised by the State Office of Emergency Services that it is the recipient of $82,500 additional Hazard Mitigation Grant Funds to anchor essential utilities in the Hospital facility. This FEMA grant modification will be matched by an equal amount to be provided from accumulated interest in the Earthquake Safety Project I (ESP) Funds creating a project total of $165,000. The construction project will be managed by the Department of Public Works on behalf of Laguna Honda Hospital.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

CMA Policy on HIV Seropositivity Reportability

At its November meeting in San Francisco, the CMA Board of Trustees adopted the following recommendation:

RECOMMENDATION:

THAT CMA, IN RESPONSE TO RESOLUTION 710-95 SPONSOR LEGISLATION MAKING HIV SEROPOSITIVITY REPORTABLE TO LOCAL HEALTH OFFICERS INCORPORATING THE FOLLOWING EIGHT PROVISIONS:

1. The name of the individual who tests HIV-positive should only be reported to the local health officer and maintained for a limited time.

2. Partner notification services should be adequately funded and available to all individuals who test HIV-positive.

3. Anonymous test sites should be retained and funded.

4. HIV testing should remain voluntary and included informed consent, except as otherwise provided by law.

5. Reporting of persons with HIV infection shall only occur with documented evidence of a test, obtained after enactment of legislation, whose result reliably indicates HIV infection.

6. The proposed legislation should include a “sole use” provision. That is, HIV-positive test results should only be reported to the local health officer for the sole use of facilitating partner notification services and providing medical and social services referral to individuals testing HIV positive.

7. The proposed legislation should include a confidentiality provision with civil penalties for unauthorized disclosure of HIV-positive test results.

8. Current laws protecting individuals with HIV infection from discrimination in employment, housing, public accommodations and health insurance should be incorporated and/or referenced in the proposed legislation.

As the Commission is aware, the Department’s position regarding the risk vs. benefits of HIV names reporting is contrary to the position of the CMA. The Commission adopted a resolution in May 1995 strongly opposing State legislation which would have required reporting names of HIV infected persons. Mandatory reporting of HIV status will not likely enhance disease surveillance or improve our understanding of HIV infection patterns if at risk individuals are deterred from testing by reporting laws. The Department will keep you abreast of this matter.

COMMUNITY MENTAL HEALTH SERVICES

Residential Care for Seniors

The Division of Mental Health and other city agencies have been alerted to an impending crisis in Residential Care for Seniors The Victoria Manor, licensed for 100+ seniors including non-ambulatory beds, is scheduled for closure by the Emeritus Corporation, the new owners. There currently are 93 residents, 25 are registered Mental Health clients, 12 are registered clients of the Public Guardian. Over half the residents are on SSI.

The Corporation planned to close the facility by the end of January, but has agreed to extend the date slightly. They report they can't afford to keep it open for the current SSI reimbursement rate set by the State.

This is the only residential facility for non-ambulatory SSI clients in San Francisco. The Board and Care facility has historically taken clients that were refused by other facilities.

Mental Health Geriatrics Services Director, Mary Emma Dean, will coordinate an intra-departmental meeting on December 20, 1995 to review the problems outlined for possible options for the facility and clients. This will include DSS, the Public Guardian, the Ombudsman Commission on Aging, Licensing, Laguna and Mental Health.

November statistics are available at the Commission Office.

CREDENTIALING OF SFGH PHYSICIANS

Monthly Report to Joint Conference Committee
Third Quarter: Academic Year 1994-95

Committee Actions		October 1995	Year-to-Date Total
Appointments	Active	9	68
Month Total = 23	Courtesy	13	185
	Affiliated	1	17
Reappointments Submitted	Active	12	149
Month Total = 25	Courtesy	11	252
	Affiliated	2	56
Reappointments Not Submitted	Active	3	8*
Month Total = 8/27*	Courtesy	3	16*
	Affiliated	2	3*
Change in Privileges		7	17
Change in Staff Status		3	46
Resigned/Separated		23	216

*January 1995 to present.

(3.1) Presentation of the FY 1995-96 First Quarter (July-September 1995) Revenues and Expenditures Report.

Dr. Hernández reported the following:

Based on actual first quarter figures for fiscal year 1995-96, the Department of Public Health is projecting a potential year end deficit of $6.4 million, after accounting for unbudgeted revenues.

This comes after a difficult budget process which required the Department to manage cost increases of $36.7 million, in addition to covering $15.3 million in one-time only revenues budgeted in fiscal year 1994-95. Even with aggressive savings and operating efficiencies, the approved budget is challenging the Department's limits to continue to provide services with the current General Fund allocation.

Dr. Sandra Hernández highlighted three factors with are making significant impacts to the Department's revenues and expenditures. First, the budget includes revenue enhancements which are becoming increasingly difficult to realize. Second, the Department is operating with an excessive salary savings requirement while the average daily census of both San Francisco General Hospital and Laguna Honda Hospital remains high. Finally, the state budget, which was approved after the City budget was adopted, also resulted in a $1.5 million reduction in revenues.

The projected $6.4 million deficit, which represents less than 1% of the Department's entire operating budget ($732 million), was reduced from $14.3 as a result of unbudgeted revenue gains in mental health realignment, disproportionate share and SLIAG funding. These revenues, which total $7.9 million, were not incorporated into the Department's approved revenue budget but have been generated by the Department. The Department will be requesting that these revenues be allocated by the Mayor's Office and the Board of Supervisors which would bring the projected year-end deficit down to $6.4 million.

While the majority of the current deficit has occurred within Laguna Honda Hospital, the Department is addressing the deficit collaboratively on a Departmentwide basis, consistent with the need to look at the delivery system as an integrated system and not as four separate divisions, and taking into consideration the need in some areas to change how we provide services.

Over the past several years, the Department's success in capturing additional revenues and implementing operating efficiencies has helped avoid drastic reductions in services. The magnitude of the impending Federal/State block grants dramatically underscores the need to continue to restructure our delivery system.

Dr. Hernández reported that the Department is already feeling the effects of dwindling resources for h health care and the increasing demand for care by the underinsured and uninsured. Even though the Department will continue to aggressively pursue every avenue we have available, revenues will no longer be the major solution to these kinds of financial problems.

In total, the Department has identified the following general guidelines to achieve $6.4 million in cost reduction strategies to offset the $6.4 million deficit.

Possible Options to Reduce Deficit	Savings
Primary Care Productivity Gains	$2,000,000
Additional Acute Care Productivity Gains	250,000
Long Term Care productivity Gains	3,300,000
Delayed Mental Health R-Facility Opening	900,000
Total:	$6,450,000
Initial Departmentwide Deficit	($6,443,000)
Fiscal Position if Proposals are implemented	7,000

Commissioners expressed their concerns and reaffirmation to support the opening of the R-Facility, based on the service needs and the voters mandate for the Facility.

In January, Dr. Hernández will bring to the Commission some policy options to reduce the $6.4 million deficit.

Commissioner Chow requested monthly progress reports on the FY 1995-96 budget as the Department addresses this deficit.

President Jackson announced the following assignments to Commissioners as Liaison to the Department Deputies:

- Commissioner Barnes will be Liaison to Larry Meredith, Deputy Director of Substance Abuse, Forensics, and Environmental Health and Toxics.

- Commissioner Monfredini will be Liaison to Bob Prentice, Deputy Director of Community Public Health Services.

- Commissioner Shriver, Chairman of the Budget Committee, will be Liaison to Monique Zmuda, Chief Finance Officer.

5) CONSIDERATION OF A RESOLUTION PRIORITIZING THE 101 GROVE STREET SEISMIC RETROFIT PROJECT

Action Taken: The Commissioners (Jackson, Chow, Barnes, Gadberry, Monfredini, Shriver) unanimously adopted Resolution #38-95, "Supporting the Seismic Retrofit Project of 101 Grove Street", (Attachment A).

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS

This item was continued to a future meeting.

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL AFFIRMATIVE ACTION REPORT

Gloria Louie, Manager of Equal Employment Opportunity and Affirmative Action Programs, provided the following in her report:

- Departmentwide labor force data

  Labor force information by Department of Public Health divisions

- Underutilization statistical information by job categories departmentwide and by division

- Comparative labor force information of the administrative job category over a seven (7) year period

- Department's affirmative action program activities for fiscal year 1994-95 and planned activities for 1995-96.

A copy of the full report is available at the Commission office.

Although the data shows the Department continues to maintain a diversified labor force that closely resembles the San Francisco and Bay Area labor force parity figures, Dr. Hernández pointed out to the Commission that it will be difficult to maintain diversity during any downsizing of the Department.

Commissioner Chow raised the question of considering the concept of reflecting the client population served in San Francisco, as opposed to reflecting the labor force of the Bay Area. He pointed out that our present affirmative action policy for Department contractors is to reflect the demographics of clients served.

President Jackson thanked Ms. Louie for the excellent report.

8) PRESENTATION OF A 6-MONTH UPDATE ON THE HIV COMPREHENSIVE 5-YEAR PLAN

Norm Nickens, Assistant Director of the AIDS Office, provided an update on the implementation of the HIV Comprehensive 5-Year Plan: A Client-Centered System of Care. In general, the goals and objectives for the first year have been accomplished. Mr. Nickens highlighted the development of the Reggie system, a unified information and referral system with decentralized access.

Commissioner Shriver requested a yearly update on the 5-Year Plan.

9) UPDATE ON CRYPTOSPORIDIUM AND CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH RECOMMENDATIONS

Dr. Mitch Katz, Director of Epidemiology, Disease Control and AIDS, provided the following information on cryptosporidium:

Epidemiology:

In San Francisco, there have been between 100-150 reported cases of cryptosporidiosis a year. This number has been stable between 1990 and 1995. Eightyfour percent of cases occur in persons with AIDS. Cryptosporidium is a mandated reportable disease in San Francisco. Reports are received directly from hospital laboratories and individual physicians. Cryptosporidium is spread in the following ways:

1. Contact with the feces of infected persons or animals (oral-anal contact, changing diapers, etc.)

2. Drinking contaminated water

3. Swallowing contaminated water while swimming or bathing.

The epidemiology of the cases in San Francisco and nationally indicates that most transmission occurs sexually through oral-anal contact. The frequency of cryptosporidium is significantly higher among gay and bisexual men with AIDS than in other persons with AIDS, (two to three times as high).

One of the complicating factors in understanding the link between sexual contact and cryptosporidiosis in HIV-infected persons is that cases may represent reactivation of a prior exposure. In other words, an HIV-infected person may have been exposed several years previously, and only developed symptoms when he or she became immunosuppressed.

The connection between cryptosporidiosis and drinking water has been a focus of intense debate and concern for several reasons. There have been two widely publicized epidemics of cryptosporidiosis in other cities that appear to have been caused by tap water, (Milwaukee and Las Vegas). Closer to home, the spring runoffs due to the heavy snow pack caused breeches in our water system, although an increase in cryptosporidiosis did not occur.

Dr. Katz represents the Department on a citywide Cryptosporidium Task Force, which was established by Supervisor Carole Migden. He reported the following Department activities to prevent cryptosporidium:

1. A pamphlet developed by the AIDS office and accepted by the Task Force will be widely distributed to clients of HIV health services and prevention agencies. It will also be mailed to all clinicians on the Department of Public Health mailing list. A copy is being sent to the San Francisco Medical Society, with a request to include it in their next mailing.

2. The Department of Public Health sponsored Grand Rounds on cryptosporidium in November. Jack Colford, M.D., from UCSF lectured on the epidemiology and medical aspects of cryptosporidium. Phillippe Daniel, a consultant with the San Francisco Water Department, discussed the quality of our water supply.

3. Drs. Fran Taylor and James Watt, a preventive medicine resident with the Department, have taken the lead in developing a protocol for a case control study assessing the risk associated with cryptosporidium.

4. The Department will continue its active surveillance of cryptosporidium.

Public speakers: Bill Thorne, Act-Up, Golden Gate
Rob Sabador, Act-Up, Golden Gate
Tony Leone, President Golden Gate Nurses Association
Michael Bellefountaine, Act-Up, San Francisco
Frederick Hobson
Dave Pasquarelli, Act-Up, San Francisco

Commissioner Shriver introduced a revised resolution, which directs the Department to implement specific measures regarding cryptosporidium.

Action Taken: The Commission unanimously adopted Resolution # 39-95, "Endorsing Measures to be Taken by the Department of Public Health Regarding Cryptosporidium", (Attachment B).

Commissioner Shriver requested quarterly progress reports to the Commission on cryptosporidium issues.

10) CONSIDERATION OF A RESOLUTION REQUESTING THE MAYOR AND THE BOARD OF SUPERVISORS TO TAKE INTO CONSIDERATION THE DECLINING ABILITY OF THE DEPARTMENT OF PUBLIC HEALTH TO OFFSET GENERAL FUND REDUCTIONS WITH REVENUES

Action Taken: The Commissioners (Jackson, Chow, Barnes, Gadberry, Monfredini, Shriver) unanimously adopted Resolution #40-95, "Requesting the Mayor and the Board of Supervisors to Take Into Consideration the Declining Ability of the Department of Public Health to Offset General Fund Reductions with Revenues", (Attachment C).

11) CONSIDERATION OF A RESOLUTION DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO PURSUE A LONG-TERM CARE PILOT PROJECT

Tony Wagner, Executive Administrator of Laguna Honda Hospital, serves on an Ad Hoc Long term Care Planning Committee. In representing the Department on this Ad Hoc Long Term Care Planning Committee, he is requesting the Commission to support a policy direction for the Department to be a part of this citywide approach to long term care planning through AB 1040 and to work collaboratively with the Ad Hoc Long Term Care Planning Committee to strategically apply to be a pilot project through AB 1040.

Action Taken: The Commission unanimously adopted Resolution # 41-95, "Directing the Department of Public Health to Pursue a Long Term Care Pilot Project", (Attachment D), with an amendment by Commissioner Chow.

12) OTHER BUSINESS/PUBLIC COMMENTS*

None.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 38-95

SUPPORTING THE SEISMIC RETROFIT PROJECT OF 101 GROVE STREET

WHEREAS, the Earthquake Safety Program II Bond was represented to the electorate with a scope of work which included the seismic retrofit of 101 Grove Street; and,

WHEREAS, the electorate passed the Earthquake Safety Program II Bond with the public trust that 101 Grove Street would be seismically retrofit; and,

WHEREAS, the Department of Public Health building located at 101 Grove Street is located within the National Register of Historic Places, "San Francisco Civic Center Historic District", created in 1978 and designated Landmark No. 78000757; and,

WHEREAS, essential laboratory services are provided for the community at 101 Grove Street; and,

WHEREAS, the Tom Wadell Clinic provides direct health care services for the public at 101 Grove Street; and,

WHEREAS, birth and death certificates are provided for the public at 101 Grove Street; and,

WHEREAS, the Health Commission and approximately 300 employees conduct public business at 101 Grove Street; and,

WHEREAS, the Department of Public Works has commissioned a structural analysis of 101 Grove Street which indicates a seismic safety retrofit is required; and,

WHEREAS, sufficient funds can be made available by the Department of Public Works to proceed with the seismic retrofit of 101 Grove Street; now, therefore, be it

RESOLVED, that the San Francisco Health Commission strongly supports the Seismic Retrofit Project of 101 Grove Street as being in the best interest of public safety and community health care services, and recommends that the Mayor, Board of Supervisors and the Chief Administrative Officer commit funds from the ESP Earthquake Safety Program II Bond and proceed with the project immediately.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 19, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 39-95

ENDORSING MEASURES TO BE TAKEN BY THE DEPARTMENT OF PUBLIC HEALTH REGARDING CRYPTOSPORIDIUM

WHEREAS, the Health Commission of the City and County of San Francisco has heard testimony on the health risks posed by cryptosporidium; and,

WHEREAS, San Francisco has large numbers of persons who are immunocompromised due to HIV infection, and, therefore, at high risk for severe symptoms of cryptosporidiosis, including death; and,

WHEREAS, cryptosporidium at levels known to cause disease, have been found in San Francisco's water, both routinely and following the March 1995 treatment failures; and,

WHEREAS, the Environmental Protection Agency of the United States has stated that "the presence of this organism at any level in consumed drinking water cannot be considered safe for human consumption"; now, therefore, be it

RESOLVED, that the Health Commission instructs the Department to:

1. Inform persons who are immunocompromised about the risks of drinking untreated San Francisco tap water, and educate them on options and ways to avoid potential risks, (e.g., boiling, filtration, reverse osmosis, submicron filtration, etc.);

2. Educate the community and health care providers about the disease, waterborne and other modes of transmission, as well as of "hidden" sources of tap water such as in ice cubes, concentrates, soda fountains, bathing water, showering, swimming;

3. Study the feasibility of providing cryptosporidium-free water that has been treated by distillation, submicron filtration or reverse osmosis, to all patients and visitors at all Department of Public Health facilities;

4. Ensure that fecal samples from all immunocompromised persons presented to any Department of Public Health facility are routinely screened for cryptosporidium;

5. Actively monitor cases of cryptosporidiosis to ensure that HIV negative persons, and persons seen through private health care, are included;

6. Integrate into any other materials promoting "safer sex", information on the need to prevent cryptosporidium transmission;

7. Ensure that all populations in the City and County of San Francisco are adequately served by these measures; and,

8. Conduct further studies on the causes and prevention of cryptosporidiosis.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 19, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 40-95

REQUESTING THE MAYOR AND THE BOARD OF SUPERVISORS TO TAKE INTO CONSIDERATION THE DECLINING ABILITY OF THE DEPARTMENT OF PUBLIC HEALTH TO OFFSET GENERAL FUND REDUCTIONS WITH REVENUES

WHEREAS, the Department of Public Health's total budget has increased from $561.6 million in 1991-92 to $659.7 million in 1995-96, a 17.5% increase of $98.1 million; and,

WHEREAS, City and County of San Francisco General Fund support for the Department of Public Health has declined during the same period from $177.3 million in 1991-92 to $113.6 million in 1995-96, a 35.9% decrease of $63.7 million; and,

WHEREAS, the Department of Public Health has, in effect, been able to offset much of the decreasing General Fund support and the increasing cost of living by generating additional revenues over the last four years; and,

WHEREAS, the Department of Public Health projects a net decrease in revenues of approximately $10-40 million in FY 1995-96 and 1996-97 as the result of the Republican Contract With America; and,

WHEREAS, legislative proposals that would cap entitlement programs by restricting eligibility for Federal and Federal/State assistance and/or reducing covered benefits would significantly reduce revenues for local health departments while at the same time increasing their responsibility for caring for more indigent and uninsured people; and,

WHEREAS, the only relief for local health departments being contemplated in current public policy debates is flexibility and release from unfunded mandates; and,

WHEREAS, restriction or reduction of basic health services for indigent and uninsured residents of San Francisco is inconsistent with good ethical and public health principles; and,

WHEREAS, FY 1994-95 and 1995-96 are likely to be critical transition years as the trend toward increasing revenues starts in the reverse direction and State and Federal budget cuts begin to take their effect; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby request the Mayor and the Board of Supervisors to take into consideration the declining ability of the Department of Public Health to compensate for decreased General Fund support with new revenues; and, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 40-95 (Cont'd.)

FURTHER RESOLVED, that the City and County of San Francisco make every effort possible within the resources available to protect the health care safety net for the neediest San Francisco residents against Federal and State budget cutbacks.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 19, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 41-95

DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO PURSUE A LONG-TERM CARE PILOT PROJECT

WHEREAS, Assembly Bill 1040 (Bates) requires the California Department of Health Services to administer a new Long-Term Care Integration Pilot Program to improve long-term care services for elderly and disabled adults; and,

WHEREAS, the purpose of AB 1040 is to integrate the financing and administration of long-term care services and thereby further the development of a model integrated service delivery system for long-term care; and,

WHEREAS, AB 1040 requires participating counties to consolidate Medi-Cal long-term institutional care, Medi-Cal Personal Services Program and In-Home Supportive Services Program funding in order to effectively pool together financial resources; and,

WHEREAS, under AB 1040, a county will establish a local long-term care services agency which will contract with the State Department of Health Services for capitated payments to provide services to this population; and,

WHEREAS, the State of California will select five California counties (at least one of which must be in a rural or underserved area of the State) to participate in the Long-Term Care Integration Pilot Program; and,

WHEREAS, the Department of Public Health's budget priorities and strategic direction reflect the development of an integrated delivery system for all services, including long-term care; and,

WHEREAS, the existence of categorical funding streams for health and human services hampers the Department's ability to create integrated systems for the full continuum of health care services; and,

WHEREAS, changes in the health care market place and proposed reductions in federal Medicaid funding will severely jeopardize the Department's ability to continue providing long-term care services; now, therefore, be it

RESOLVED, that the Department take the opportunity to work in collaboration with other long-term care providers to develop a delivery system model which allows long-term care consumers to remain integral parts of their communities, can prevent unnecessary utilization of acute care hospitals and promotes greater efficiencies; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 41-95 (Cont'd.)

FURTHER RESOLVED, that the Health Commission approves the Department of Public Health's pursuit of a Long-Term Care Pilot Program with an application for inclusion in the AB 1040 program.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 19, 1995.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 2 of 2